THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

	1	IN THE SUPREME COURT OF THE STATE OF NEVADA				
	2	-000-				
	3	KIMBERLY KLINE,) Supreme Company 2608 Filed				
	4	Appellant Jan 19 2022 02:38 p.m.				
	5	VS. Elizabeth A. Brown Clerk of Supreme Court				
	6	CITY OF RENO; CANNON COCHRAN				
	7	MANAGEMENT SERVICES, "CCMSI";) the STATE OF NEVADA DEPARTMENT				
	8	OF ADMINISTRATION, HEARINGS DIVISION, an Agency of the State of Nevada; the STATE OF NEVADA				
	10	DEPARTMENT OF ADMINISTRATION)				
1	10	APPEALS DIVISION, an Agency of the State of Nevada; MICHELLE SUPPORT OF THE STATE O				
	12	MORGANDO,, ESQ., Sr. Appeals Officer;) RAJINDER NIELSEN, ESQ., Appeals) Officer; ATTORNEY GENERAL AARON)				
	13	FORD, ESQ.,				
	14	Respondents.				
	15	Injured Worker Appellant's Appeal of the				
	16	Second Judicial District Court,				
	17	The Honorable Connie Steinheimer's Order				
	18	of the Appeals Officer's Decision of the Department of Administration				
	19					
	20	APPELLANT'S APPENDIX				
	21	Volume VII				
	22	Pages 1501 - 1750				
-	23					
	24	HERB J. SANTOS, JR., ESQ.				
	25	HERB J. SANTOS, JR., ESQ. Nv Bar No 4376 The Law Firm of Herb Santos, Jr.				
	26 225 S. Arlington Avenue, Suite C Reno, Nevada 89501 (775) 323-5200					
	27	herb(a)santoslawfirm.com				
	28	Attorney for the Appellant				

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

1

ALPHABETICAL INDEX

2	Document	Volume Pages
3	Amended briefing Schedule Order	IX 2163-2166
4	Appellants "Petitioner's Opening Brief"	I 0137-0169
5	Appellants' "Petitioner's Reply Brief"	I0076-0105
6	Notice of Appeal	I0054-0074
7	Notice of Entry of Order	I 0050-0053
8	Statement of Intent to Participate	I0170-0172
9	Oral Arguments Minutes	I 0075
10	Order Briefing Schedule 10/16/19	IX 2160-2162
11	Order Briefing Schedule 12/20/19	IX2167-2168
12	Order Briefing Schedule 1/16/20	IX2169-2170
13	Order Denying Petition	I 0001-0016
14	Petition for Judicial Review	I 0173-0199
15	Record on Appeal	I0200-0206
16	Respondent's Answering Brief	I 0106-0136
17	Second Amended Scheduling Order	IX 2171-2174
18	SB 289	I
19	Transmittal of Record on Appeal	I0202
20	Document:	
21	Claimant's Hearing Statement 1/31/19	VII1598-1600
22	Claimant's Hearing Statement 8/22/19	VIII1889-1891
23	Claimant's Hearing Statement 2/26/18	IX 2143-2145
24	Claimant's Motion to Continue 6/12/18	VIII 1928-1934
25	Claimant's Opposition to Motion for Temporary	
26	Stay Order Pending Appeal 8/31/18	VII1623-1750
27		VIII1751-1888
28	Claimant's Opposition to Employer's Motion	

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

for Stay 3/1/18	VIII 1946-2000
	IX2001-2142
Claimant's Request to Permit Discovery 6/13/18	VIII1923-1925
Decision, Appeals Officer Rajinder K. Nielsen	
8/20/19	I0207-0228
Employer's First Amended Prehearing	
Statement 1/19/19	VII1611-1613
Employer's Prehearing Statement 10/23/19	VII 1614-1616
Employer's Prehearing Statement 4/26/18	VIII 1937-1939
Employer's Second Amended Prehearing	
Statement 4/15/19	VII1595-1597
Exhibit I	II0366-0500
	III0501-0593
Exhibit II	III 0594-0750
	IV0751-0788
Exhibit III	IV 0789-0793
Exhibit IV	IV0794-0802
Exhibit A	IV0803-1000
	V1001-1050
Exhibit B	V1051-1079
Exhibit C	V1080-1112
Exhibit D	V1113-1250
	VI1251-1343
Exhibit E	VI1344-1348
Exhibit F	VI1349-1353
Exhibit G	VI1354-1393
Exhibit H	VI1394-1401
Exhibit I	VI1402-1500

VII1501-1586
Exhibit J VII VII
HO Decision 1901522-JL dated 12/27/2018 VII 1608-1610
HO Decision 1803717/1803718-JL 7/19/18 VIII 1895-1897
HO Decision 1801761-JL 1/16/18 IX 2157-2159
Motion to Consolidate Appeals 4/25/19 VII VII
Motion for Temporary Stay Order Pending
Appeal 8/14/18
Motion for Temporary Stay Order Pending
Appeal 2/14/18 IX2146-2153
Notice of Appeal and Request for Hearing 1/16/19VII1605-1607
Notice of Appeal and Request for Hearing 2/14/18 VIII1948-1950
Notice of Appeal and Request for Hearing 8/16/18 VIII1892-1897
Notice of Hearing and Prehearing Order 2/20/18 IX
Opposition to Claimant's Motion to Permit
Discovery 6/18/18 VIII
Order, Appeals Officer Rajinder K. Nielsen 5/1/19 VII 1590-1591
Order, Appeals Officer Rajinder K. Nielsen 1/23/19 VII 1601-1602
Order, Appeals Officer Rajinder K. Nielsen 1/16/19 VII1603-1604
Order, Appeals Officer Rajinder K. Nielsen 10/24/18 VII 1617-1618
Order, Appeals Officer Rajinder K. Nielsen 9/20/18 VII. 1619-1620
Order, Appeals Officer Rajinder K. Nielsen 9/11/18 VII 1621-1622
Order, Appeals Officer Rajinder K. Nielsen 8/9/18 VIII 1910-1911
Order, Appeals Officer Rajinder K. Nielsen 7/12/18 VIII1912-1913
Order, Appeals Officer Rajinder K. Nielsen 6/19/18 VIII 1914-1915
Order, Appeals Officer Rajinder K. Nielsen 6/13/18 VIII 1926-1927
Order, Appeals Officer Rajinder K. Nielsen 5/4/18 VIII 1935-1936
Order, Appeals Officer Rajinder K. Nielsen 3/27/18 VIII 1940-1941

Order, Appeals Officer Rajinder K. Nielsen 3/13/18 VIII 1942-1943
Order, Appeals Officer Rajinder K. Nielsen 3/9/18 VIII 1944-1945
Transcript of the Proceedings 5/1/19 I 0229-0250
II 0251-0365
AFFIRMATION
Pursuant to NRS 239B.030
The undersigned does hereby certify that the preceding documents,
APPELLANT'S APPENDIX VOLUMES I - IX, filed in Supreme Court case
number 82608, do not contain the social security number of any person.
DATED this day of January, 2022.
THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C Reno, Nevada 89501
By
HERB SANTOS, JR., Esq. Attorney for Petitioner

4/25/2017 2:33:21 PM

Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. 5. Worsening symptoms and stenosis on MR 6. Cord compression and failed conservative therapy I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion. The procedure would entail anterior cervical diskectomy(les) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Homer's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient, it was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord Injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything. explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. 1. Routine preop workup 1. Neck pain M54.2: Cervicalgia 2. Cervical spondylosis M47.812: Spondylosis without myelopathy or radiculopathy, cervical region 3. Spinal stenosis in cervical region M48.02: Spinal stenosis, cervical region ANTERIOR CERVICAL DISCECTOMY AND FUSION FOR DECOMPRESSION (SURG)
 tramadol 50 mg tablet - Take 1 tablet(s) EVERY 4-6 HOURS by oral route, propain. Qty: 90 tablet(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 4. Body mass index 25-29 - overweight Z68.29: Body mass Index (BMI) 29.0-29.9, adult Received Discussion Notes APR 2 5 2017 COMST-Reno Return to Office None recorded

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Klmberly M (ID: 147855), DOB: 10/07/1979

4/25/2017 2:33:21 PM

Electronically Signed by: LACI H SEKHON, MD 04/25/2017 11:29 AM

APR 2 5 2017

05/11/2017 07:37

(FAX)775 657 9881

SIFRRA NEUROSURGERY GROUP HEURO - 75 PRINGLY WAY, RENO HV 89502 1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

15853E839641

Patient

Name

KLINE, KIMBERLY (37yo, F) ID# 147855

Appl. Date/Time

04/25/2017 11:00AM

DOB

10/07/1978

Service Dept.

SIERRA NEURO PRINGLE NEURO

Provider

LALIH SEKHON, MD

Insurance

Med Worker's Comp: CCMS! Case #: 15853E839641

Case Injury Date: 06/25/2015
Prescription: SURESCRIPTS ILC - This member could not be found in the payer's files. Please verify

coverage and all member demographic information.

Chief Complaint

1. Neck Pain and Stiffness

2. Left arm numbress and pain

Patient's Care Team

Primary Care Provider: JENNIFER M LEARY APN: 645 N ARLINGTON AVE STE 600, RENO, NV 88503, Ph (775) 322-3393, Fax (775) 322-3385 NPI: 1809180318

insurance Adjuster (Worker's Comp): LISA JONES: Ph (775) 324-9891, Fax (775) 324-9893

WALGREENS DRUG STORE 05285 (ERX): 750 N VIRGINIA ST, RENO NV 89501, Ph (175) 327-8703, Fax (775) 337-8730

Vitals

Ht: 5 ft 7 in 04/25/2017

Wt: 178 lbs 04/25/2017

BMI: 27.9 04/25/2017

10:56 am

11:02 am

11.02 am

BP: 128/89 sitting R arm 04/25/2017 11:03 sm

Pulsa: 66 bpm 04/25/2017 11:03 am

HR: 65 04/25/2017 11:02 RR: 16 04/25/2017 11:03

Pain Scale: 4 04/25/2017 11:03

am

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

PROzac 40 mg capsule

Take 1 capsule(s) every day by oral route.

04/03/17 entered

traMADol 50 mg tabist

Take 1 tablet(s) EVERY 4-6 HOURS by oral route, pm pain.

04/26/17 prescribed

Vaccines

None recorded.

Problems

Reviewed Problems

Body mass Index 25-29 - overweight - Onset: 07/05/2018
 Carvical spondylosis - Onset: 07/05/2016
 Spinal stances in cervical region - Onset: 07/06/2016
 Neck pain - Onset: 07/05/2016

Femily History

Reviewed Family History

Father

- Arthritis

Mother

- Family history of cancer (onset age: 65)

Social History

Received

MAY 1-1 2017

COMBI-Rano

SIERRA HEUROSUNGERY GROUP NEURO - 73 PRINCILE WAY, RENO MY 89502 1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Reviewed Social History Smoking Status: Never amoker Advance directive: N

Surgical History

Reviewed Surgical History Anide sprain with surgery
 Cholocystactomy

GYN History

Are you pregnant?: N.

Past Medical History

Reviewed Past Medical History

HPI

7.5.16

Dear Jeff,
I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for
assessment of carvical rediculopathy. Kimberly Kline is a very nice 36-year-old woman. She relates that she has hed back and
cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in
June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room, initially, she had
neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also
had chiropractic. In January of this year, she started developing severe left erm pain. The pain has somewhat settled but she
still has numbness and aching in the arm. She had an apidural, this did not really help her. When I saw her today, she has
neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm egain
it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay.
She feets she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these
injections. Intections.

4.3.17

Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C8 distribution. Most of the symptoms are in the left arm and rated at times at a 8/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had test July.

4.25.2017:

REturns. Arm worse. Options discussed. Wants surgery.

Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.

Physical Exam

Patient is a 37-year-old female.

- Vital signs review- BP/Pulse/temp/RR
 Well nourished and normally developed
 Patient is oriented to time, place person. Cranial nerves II-XII were assessed.
- No varioosities or edema
- Normal galt and station
- 5) Normal gall and station
 6) Coordination is normal in all 4 extremities. Tandem galt and Romberg's tested.
 7) Muscle strangth and tone were examined in both UE/LE
 8) Sensation is was tested to pinprick and light touch in UE/LE
 9) Deep tendon reflexes tested in UE/LE, Hoffman's and Sabinski tested.
 10) Mood and affect assessed
 11) No cervical tymph nodes palpable

- 12) Nack, shoulders and low back have normal range of motion with no scare. Pelpated for tenderness.
- 13) Arms have normal range of motion with no scars LUMBAR
- 14) Neck, hips and low back have normal range of motion and no scars. Palpated for tandemass. 15) Legs normal hip rotation and negative SLR and no scars

All the above systems and subsystems were examined and NORMAL except for findings described below:



SIERRA HEUROSURGERY GROUP JIEURO - 75 PRINGLE Y/AY, REIKO HV 89502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

She had a reduced range of motion of the cervical spine. She has numbress of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had depressed reflexes in the left upper extremity.

Assessment / Plan

Imaging:

MRI from RDC from January 2016 again reviewed:

I independently reviewed and assessed the imaging. I also reviewed all imaging reports.

On her plain x-rays and MRI scan, she has loss of corvical lordosis. She has severe cord compression in the left greater than right at CS-8 and C8-7. She has a mobile C4-5 spondylollathesis with moderate

2017 imaging: C5/8 stenosis has progressed.

- 1. Cervical spondylosis, C4-5, C5-8 and C6-7 with cord compression C6-6 and C6-7.

- 2. Mobile spondyloilsthesis at C4-5.
 3. Feliad conservative therapy.
 4. Minimal spondylosis, L3-4, L4-5 and L5-S1.
 5. Worsening symptoms and stenosis on MR.

 Conservative therapy.
- 8. Cord compression and falled conservative therapy

I offered her C4-5, C5-8 and C8-7 anterior cervical decompression and instrumented fusion.

I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentations.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general ansesthatic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential ansesthatic problems to be discussed with enaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Homer's syndrome, C5F leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease at each were all discussed in detail and understood by the patient, it was expisited the risks of surgery included but was not limited to the precoding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stances and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their discussed. All risks retaining to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.eierraneurosurgery.com to further review conservative and surgical treatment options and eventual reservative path is elected. The precise risk is however, not quantifiable.

Plan:

- 1. Routins preop workup
- 1. Neck pain M54.2; Cervicalgia
- 2. Cervical spondylosis

M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

3. Spinal stenosis in cervical region
M48.02: Spinal stenosis, cervical region

• ANTERIOR CERVICAL DISCECTOMY AND FUSION FOR DECOMPRESSION (SURG)

• tramadol 50 mg tablet - Take 1 tablet(s) EVERY 4-6 HOURS by oral route, pm pain.

City: 90 tablet(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 05295

4. Body mass Index 26-29 - overweight Z68-29: Body mass Index (BMI) 29.0-29.9, adult

Discussion Notes

SIERRA HEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, RENO HV 89502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Return to Office
None recorded.
Encounter Sign-Off
Encounter signed-off by Lell H Sekhon, MD, 04/25/2017.
Encounter performed and documented by Lell H Sekhon, MD
Encounter reviewed & signed by Lell H Sekhon, MD on 04/25/2017 at 11:29em

Received
MAY 11 20"
COMMITTEEN

Received: 07/11/2017

NNM- Northern Nevada Medical Center

F ...

Diagnostic imaging Report 2375 E. Prater Way Sparks, NV 89434-

Patient: KLINE, KIMBERLY
Accession #: 04-XR-17-010050
Physician: Sekhon, Lali MD

MRN: NNM657009

ACCT#: NNM0000048874580 DOB: 10/7/1979 Sex:Female

Visit Type: Preadmit IP Location: NNM PRE

Imaging

PROCEDURE XR Chest 2 Views

EXAM DATE/TIME 5/31/2017 14:55 PDT

PROCEDURE: XR Chest 2 Views

HISTORY: Preoperative cardiopulmonary evaluation

COMPARISON: None

FINDINGS: The tungs and pleural spaces are clear. The cardiomediastinal structures are normal. There are no acute bony abnormalities. There are degenerative changes of the cervical spine partially visualized. There are multiple metallic clips in the gallbladder fossa.

IMPRESSION: No active disease in the lungs.

This document was electronically signed and dictated by Randall Pierce on 5/31/2017 14:57.

Dictated by: Pierce, Randall A
Transcribed By: RAPTranscribed by:
Electronically Signed by: Pierce, Randall A

Dictated DT/TM: 05/31/2017 2:56 pm RAP Transcribed DT/TM: 05/31/17 14:56:13 Signed DT/TM: 05/31/2017 2:57 pm

Received

JUL 0 5 2017

CCMSI-Reno

Report ID: 228486541

Page 1 of 1

KLINE, KIMBERLY

ID:000657009

Northern Nevada Medical Center PREADM ROUTINE RECORD

visos ECOs evallable and by Fuller MD, Colin (10102) on 6/1/2017 8:33:18 AM

Referred by: 'Lony Continued By: Colin Fuller MD 40Hz 8.0 SP2 12SL 241 HD CID 103 EID: 10102 EDT: 08.33 01-JUN-2017 ORDER: 4433279367 ACCOUNT: 48874360

Received

JUL 1 0 2017

CCMSI-Reno

8/8/2017 1:31:41 PM

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

15853E839641

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary Date of Service: 06/08/2017)

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:315221-H-13729]

Patient Demographics

Patient	Kline, Kimberly M (#147855)
	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	

Encounter Notes			
Encounter Date	06/08/2017		
Chief Complaint	CC: 1. Neck Pain and Stiffness 2. Left arm numbness and pain		
Mistory of Present illness	7.5.16 Dear jeff, I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 36-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in june 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections. 4.3.17 Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm and rated at times at a 9/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had last july. 4.25.2017: REturns. Arm worse. Options discussed. Wants surgery. 6/8/2017: Returns for review. All of her questions were answered. She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work for 6 weeks as was discussed with Dr. Sekhon.		
Past Medicai History	Reviewed Past Medical History	-	
History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy CCUST-R		

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

6/8/2017 1:31:41 PM

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Medications	Reviewed Medications
	PROzac 40 mg capsule Take 1 capsule(s) every day by oral route.
	traMADol 50 mg tablet 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prin pain.
Allergies	Reviewed Allergies NKDA
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Reviewed Family History Father - Arthritis Mother - Family history of cancer (onset age: 65)
Review of Systems	Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as barlatric surgery.
Physical Exam	Patient is a 37-year-old female.
	1) Vital signs review- 8P/Pulse/temp/RR 2) Well nourished and normally developed 3) Patient Is oriented to time, place person. Cranial nerves II-XII were assessed. 4) No varicosities or edema 5) Normal galt and station 6) Coordination is normal in all 4 extremities. Tandem galt and Romberg's tested. 7) Muscle strength and tone were examined in both UE/LE 8) Sensation is was tested to pinprick and light touch in UE/LE 9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested. 10) Mood and affect assessed 11) No cervical lymph nodes palpable CERVICAL 12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness. 13) Arms have normal range of motion with no scars ILIMBAR 14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness. 15) Legs normal hip rotation and negative SLR and no scars All the above systems and subsystems were examined and NORMAL except for findings described below:
	She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, bloeps and triceps on the left. She had depressed reflexes in the left upper extremity.
abs/Deta/Imaging	I AL/A
rocedure Details	None recorded
ssessment and lan	None recorded Imaging: MRI from RDC from January 2016 again reviewed: Doctor Sekhon independently reviewed and assessed the imaging. I also reviewed all imaging reports. On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

6/8/2017 1:31:41 PM

spondylolisthesis with moderate stenosis.

2017 imaging: C5/6 stenosis has progressed.

- 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. Mobile spondylolisthesis at C4-5.
- 3. Failed conservative therapy
- Minimal spondylosis, L3-4, L4-5 and L5-S1.
- Worsening symptoms and stenosis on MR
- 6. Cord compression and failed conservative therapy

Doctor Sekhon offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the

surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general

anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and

potential anaesthetic related problems to be discussed with anaesthesiology

preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Homer's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.

l explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

- Routine preop workup reviewed as stable
- 2. Work note for 6 weeks off from work, return to work anticipated and discussed was 7/27/2017.
- 1. Neck pain M54.2: Cervicalgia
- WORK RESTRICTIONS, GENERAL -Note to Provider: Patient to remain off from work for 6 weeks from date of sugery. Surgery 6/12/2017. Expected return to regular duties 7/27/2017.
- 2. Cervical spondylosis

M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

- 3. Spinal stenosis in cervical region M48.02: Spinal stenosis, cervical region
- 4. Body mass Index 25-29 overweight Z68.29: Body mass index (BMI) 29.0-29.9, adult

Discussion Notes

Received

JUN 018 2017

CCMSTi-Reno

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

6/8/2017 1:31:41 PM

Return to Office

- Lall H Sekhon, MD for SURGERY at NNMC INPT on 06/12/2017 at 11:00 AM
 Curt Erickson, PAC for ASSIST at NNMC INPT on 06/12/2017 at 11:00 AM
 Curt Erickson, PAC for 2 WEEK POST-OP at SIERRA NEURO PRINGLE_NEURO on 06/26/2017 at 10:00 AM
 Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Electronically Signed by: GREGORY GRAVES, PAC, PA-C 06/08/2017 10:26 AM

Received

JUN 08 2017

CCMSI-Reno

06/12/2017 09:25

(FAX)775 657 9881 158538839641

SERRA NEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, RENO NV 60502-1-75

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Patient

Name

KLINE, KIMBERLY (37yo, F) ID# 147856

Appt. Date/Time

06/08/2017 10:00AM

DOB

10/07/1979

Service Dept.

SIERRA NEURO PRINGLE NEURO

Provider Insurance **GREGORY GRAVES, PAC**

Med Worker's Comp: CCMSI
Case #: 15863E939641
Case Injury Date: 06/25/2016
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify

coverage and all member demographic information.

Chief Complaint

1. Neck Pain and Stiffness

2. Left arm numbress and pain

Patient's Care Team

Primary Care Provider: JENNIFER M LEARY APN: 545 N ARLINGTON AVE STE 600, RENO, NV 89503, Ph (775) 322-3393, Fex (775) 322-3385 NPI: 1608160316

Insurance Adjuster (Worker's Comp): LISA JONES: Ph (776) 324-9891, Fax (775) 324-9893

Patient's Pharmacies

WALGREENS DRUG STORE 05295 (ERX): 750 N VIRGINIA ST, RENO NV 89501, Ph (775) 337-8703, Fax (775) 337-8730

Vitals

Ht: 5 ft 7 in 06/08/2017 10:02 am

Wt: 175 lbs 06/08/2017 10:02 am

BMI: 27.4 06/08/2017

10:02 am

BP: 118/76 36/08/2017

T: 98.2 F* oral

Pulse: 72 bpm 06/08/2017

RR: 16 06/08/2017 10:02

028at: 98% 06/08/2017 10:03 am

Pain Scale: 5 06/08/2017 10:03

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

PROzac 40 mg capsule

Take 1 capsule(s) every day by oral route.

04/03/17 entered

traMADol 50 mg tablet

Take 1 tablet(s) EVERY 4-8 HOURS by oral route, pm pain.

04/25/17 prescribed

Vaccines

None recorded.

Problems

Reviewed Problems

Received

Body mass indax 25-29 - overweight - Onset: 07/05/2016

Cervical apondylosis - Onset: 07/05/2016

JUN 1 2 2017

Spinal stenosis in cervical region - Onset: 07/05/2016

CCMSI-Reno

Neck pain - Onset: 07/05/2018

Family History

Reviewed Family History

Father Mother - Arthritis

- Family history of cancer (onset age: 65)

Social History

SIEGRA NEUROSURGERY GROUP HOURD - 75 PRINGLE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Reviewed Social History Smoking Status: Never smoker Advance directive: N

Surgical History

Reviewed Surgical History 1. Anide sprain with surgery 2. Cholegystactomy

GYN History

Are you pregnant?: N.

Past Medical History

Reviewed Past Medical History

HPI

that the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 38-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room, initially, she had neck pain and tightness in her neck. She was commenced on medication, she was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left am pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the telt arm again it is 6/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections.

Dr. Seldon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C8 distribution. Most of the symptoms are in the left arm and rated at times at a 8/10. The continues to limit her ability to steep at night. The symptoms may be alightly improved but overall are very similar to the intensity she had last July.

4.25.2017:

REturns. Arm worse. Options discussed. Wants surgery.

Returns for review. All of her questions were answered. She has stopped all blood fillnning medications. She does again request surgery. She would like to remain off work for 6 weeks as was discussed with Dr. Sekhon.

Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any partinent positives have been included in the RPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's emoking status and BMI was reviewed with the patient, if the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.

Physical Exam

Patient is a 37-year-old female.

- Vital signs review- BP/Pulse/temp/RR
 Well nourished and normally developed
- 3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed.
- 4) No varicosttles or edema
- 5) Normal galt and station
- Coordination is normal in all 4 extremities. Tandem geit and Romberg's tested. Muscle strength and tone were examined in both UE/LE
- Sensation is was tested to pinprick and light touch in UE/LE
 Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested.
- 10) Mood and affect assessed
- 11) No cervical lymph nodes palpable
- CERVICAL
- 12) Neck, shoulders and low back have normal range of motion with no scars. Palpeted for tendernass.
- 13) Arms have normal range of motion with no scare
- LUMBAR
- Neck, hips and low back have normal range of motion and no scare. Palpated for tendemess.

AA 1514

Received

JUN 1 2 2017

CCMSI-Reno

SILRRA NEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, REHO NV 89502-1475

KLINE. KIMBERLY M (id #147855, dob; 10/07/1979)

15) Legs normal hip rotation and negative SLR and no scars

All the above systems and subsystems were examined and NORMAL except for findings described below:

She had a reduced range of motion of the cervical spine. She has numbreas of the left forearm in the C8 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, bloops and triceps on the left. She had depressed reflexes in the left upper extremity,

Assessment / Plan

MRI from RDC from January 2016 again reviewed;

Doctor Schoon independently reviewed and assessed the imaging, I also reviewed all Imaging reports. On her plain x-rays and MRI scan, she has loss of carvicel lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5 spondytolisthesis with moderate

2017 imaging: C5/8 stenosis has progressed.

impression:

- 1. Carvical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
- 2. Mobile spondylolisthesis at C4-5.
- Falled conservative therapy.
- 4. Minimal apondylosis, L3-4, L4-5 and L5-S1.
- 5. Worsening symptoms and stenosis on MR
- 6. Cord compression and falled conservative therapy

Doctor Sekhon offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail enterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential compileations in detail. Risks of a general ansesthatic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiciogy preoperatively. Risk of spinal oord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal Injury, Homer's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware fallure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central corvical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or fells, if a conservative path is elected. The precise risk is however, not quantitable. A handout was provided, I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiclogical monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneuroeurgery.com to further review conservative and surgical reatment options and www.spineurhersec.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything. potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of l explained that because of the degree of steriosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

- Routine preop workup reviewed as stable
 Work note for 6 weeks off from work, return to work antidpated and discussed was 7/27/2017.

Neck pain
 M54.2: Cervicalgia

- WORK RESTRICTIONS, GENERAL Note to Provider: Patient to remain off from work for 6 weeks from date of sugery. Surgery 6/12/2017. Expected return to regular duties 7/27/2017.
- 2. Cervical apondylosis

M47.812: Spandylosis without myelopathy or radioulopathy, cervical region

Received

3. Spinal atenosis in cervical region M48.02: Spinal stanosis, cervical region

JUN 1 2 2017

4. Body mass Index 25-29 - overweight Z68.29: Body mass Index (BMI) 29.0-29.9, adult

CCMSI-Reno

06/12/2017 09:27

(FAX)775 657 9881

P.004/004

SIERRA NEUROSURGERY GROUP, NEURO - 75 ARIAGLE WAY, REHO MV 69502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Discussion Notes

Return to Office

- Leli H Sekhon, MD for SURGERY at NNMC_INPT on 08/12/2017 at 11:00 AM

 Curt Erickson, PAC for ASSIST at NNMC_INPT on 08/12/2017 at 11:00 AM

 Curt Erickson, PAC for 2 WEEK POST-OF at SIERRA NEURO PRINGLE_NEURO on 08/26/2017 at 10:00 AM

 Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Encounter Sign-Off

Encounter signed-off by Gregory Graves, PAC, 08/08/2017.

Encounter performed and documented by Gregory Graves, PAC Encounter reviewed & signed by Gregory Graves, PAC on 08/08/2017 at 10:26am

Received JUN 1 2 2017 CCMSI-Reno

RECEIVED 86/09/2017 89:08 (AN)775 657 9881

P.001/011



30 Years of Excellence

Meurossingmons Joseph R. Walker, MD John S. Davis, MD

Dante F. Vacce, MD Hilari L. Fleming, MD, PhD Jay K. Morgan, MD Deven Choda, MD

David C. Leppts, MD Ouristopher P. Demers, MD Leif Selthon, MD, PhD

Michael S. Edwards, MD

Expert care for spine and brain

<u>Preop Orders:</u>

- 1. No IV's in hands/wrists for all ACDF's.
- 2. <u>Please do not give Dr. Sekhon's patients any</u> preoperative Celebrex.
- 3. Give 1 gram Ancef slow IV to be done by preop nurse.
- 4. If allergic to PCN, and not Ancef, give 1 gram Ancef slow IV (ask anesthesiologist if unclear)
- 5. If allergic to PCN and Ancef, give Vancomycin 1 gram slow IV over 1 hour.
- 6. Knee high TEDS and Sequentials to be put on in preop holding.
- 7. All cervical and lumbar fusions need type and screen.

Interventional Pain Specialist Jacob L. Blake, MD Kovin Lasim, MD

Civistine Cenner-Peterson, MS, APRN, CNRN Wren Berlard, MSNI, APRN Amber Sends, PA-C Jennifer Minerd, MSNI, APRN Jennifer Relier, MSNI, APRN Ashier Techeira-Smith, MSNI, FNP-C, BSN Curt Efricson, PA-C Grag Greves, MA, ATC, PA-C

Buli Cull

Dr. Lali Sekhon MD, PhD, FACS, FRACS

\$390 (Detate Lene Reno, Neveda 89511

75 Pringle Way, Sulto 1007 Reno NV 59503

844 West Nye Lane, Camen City, NV, 89706

775.323.2080 888.323.2080 775.323.8216 fps www.siertaneurosurgery.com 6/9/17 8:55 AM

Patient name: KIMBERLY KLINE DOB: 10.7.1979, INPATIENT SURGERY 6/12/2017

Received

JUL 2 4 2017

CCM8I-Rene

48874580-657009 KLINE, KIMBERLY

KLINE, KIMBERLY

DOB: 10/07/1979 37Y SX: F SUR

MRN: 657009 ADM/REG OT: 06/12/2017

Northern Novada Medical Center

RECEIVED 86/89/2017 09:08

(FAX)775 657 9881

P.002/011

BIERRA NELROSURGERY GROUP_NEURO | 76 PRINGLE WAY | RENO, NV 89502-1478

Kimberly M Kline

27yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 08/08/2017)

Patient Demographics

Patient	Klims, Klimberly M (#147855)	
Address	1817 Mountain Ln Rano, NV 89521	
Phone Numbers	14: (775) 815-6790 M: (775) 815-6790	-
Referring Provider		_

Encounter Notes

Encounter Date	08/08/2017			
Chief Complaint	CC: 1. Neck Pain and Stiffness 2. Left arm numbress and pain			
Mistory of Present Otness	7.5.18 Dear Jeff, I had the pleasure of reviewing your patient, Kimberly Kline, e very nice 35-year-old woman for essessment of cervical radioslopethy. Kimberly Kline is a very nice 35-year-old woman. She relates that she had had back and cervical issues in the past, matrity back, but these were quite manageable, but she was involved in an excident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room, initially, she had nack pain and tigrithese in her nock. She was commenced on medication. She was commenced on physical therapy. She also had chiropreadic, in January of this year, she started developing severa taft entry pain. The pain has somewhat settled but she till has numbness and aching in the erm. She had an epidural, this did not really help her. When I saw her today, she has nock pain and stiffness. She has a pressure feeling in the nock. She nates this as a 5/10. She has sching in the left erm again it is 5/10. She maps out numbness and exhing in the treatm down to the thumb in the C6 distribution. Her right erm is alway. She feets she has plateaued. She has done extensive physical therapy. She has never had arm syngtoms before these injections. 4.3.17 Dr. Bekhon and I were able to review Klim Kline again today. She has continued with posterior nock pain and pressure. This pain continues to extend down the left arm hollowing the left C6 distribution, Most of the symptoms are in the left arm and raind at times et a 9/10. The continues to time, her ability to steep at night. The symptoms may be alightly traproved but overall are very similar to the internally she had lest July.			
	4.25.2017: REturns. Arm worse. Options discussed. Wants surgery.			
	GR/2017: Returns for review. All of her questions were answered. She has stopped all blood thinnin medications. She does each request surgery. She would like to remain off work for 5 weeks a was discussed with Dr. Bekton.			
Past Medical History	Reviewed Past Medical History			
Past Surgical History	Reviewed Surgical History 1. Aride apath with surgery 2. Cholocystockomy			
Bledications	Reviewed Medications PROzeo 40 mg expeute Take 1 capsule(e) every day by orel route. CraftADol 50 mg tablet Take 1 tablet(e) EVERY 4.6 MOLES by orel route on one			
Atlangias				

SIÈRRA NEUROSURGERY GROUP NEURO

Kone, Konhedy Al (ID: 147555), DOB: 10/07/1979

Received JUL 2 4 2017 CCMSI-Rena

FECEIVED 86/89/2017 89:08 (FAU)775 657 9881

P.003/011

SIEFFRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 88502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summery Date of Service: 08/08/2017)

	Roviewed Allergies NKDA			
Social History	Reviewed Social History Brioking Status: Never emoter Advance Chaptes: N			
Family History	Reviewed Family History Fether - Arthritle Mother - Family history of cencer (onset age: 65)			
Review of Bystems	Additionally reports: The patient completed a review of 18 symptoms and a pain diagram. This was reviewed at the time of indias consultation. Any pertinent positives have been included in the HPI, otherwise they were examed into the medical record at that time. The patient's medications were reviewed at the time of the whit, also the patient's smoking status and BBI was reviewed with the patient, if the patient smoked or BMI was outsid normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as benintric surgery.			
Physical Esem	Patient is e 37-year-old temate. 1) Vital signs review- BP/Putschemp/RR 2) Well nourished and normally developed 3) Patient is oriented to time, piace person. Cranist nerves (I-XII were assessed. 4) No variosities or edema 5) Normal gait and station 6) Coordination is normal in el 4 extremities. Tendem gait and Romberg's testad. 7) Muscle strength and teme were examined in both UE/LE 8) Sensation is was testad to pinprick and light touch in UE/LE 6) Deep tendon reflexes testad to UE/LE. Hoffman's and Bebinski testad. 10) Mood and effect assessed 11) No carvical lymph nodes pelpeble CERVICAL 12) Neck, shoulders and low back have normal range of motion with no scens. Palpated to tendernese. 13) Arms have normal range of motion with no scens 14) Medi, hips and low back have normal range of motion and no scens. Palpated for fanderness. 15) Lege normal hip rotation and negative SLR and no scens. All the above systems and subsystems were examined and NORMAL except for finding described below: She had a reduced range of motion of the cervical spine. She has numbress of the left forearm in the C6 distribution. On physical examination, she had 4/5 waskness in external rotators on the toff, bloops and thoops on the left. Bho had depressed reflexes the left increaming.			
Labe/Data/Imaging	MA			
Procedure Details	None recorded			
Accessment and Plan	Imaging: MRI from RDC from January 2016 again reviewed: Doctor Sektron independently reviewed and assessed the Imaging. I also reviewed all Imaging reports. On her plain x-rays and MRI scan, she has loss of corvical lordests. She has servere concurrencesion in the left greater than right at C5-8 and C6-7. She has a mobile C4-5 spondytolisthesis with moderate stenosis.			

SIERRA NEUROSURGERY GRO W CHIND

Nine, Kimbarly M (IO. 147853) DOS: 10/07/1979

48874580-857009 KLINE, KIMBERI 9

RLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Morthern Nevada Medical Center

Received
JUL 2 4 2017
CCMSI-Reno

Received: 07/27/2017

NNNC-Kline, Kimberly-Enc #48874580-1PT-SUR-6/13/2017 Physician Orders = 6/9/2017 = 11 pg

RECEIVED 06/09/2017 09:08 (FAX)775 657 9881

P.004/011

08/09/2017 08:02

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY (RENO. NY 89502-1476

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/08/2017)

il 2017 imaging: C5/8 stancels has progressed.

manufor.

- Impression:

 1. Carviotis spondylosis, C4-5, C3-6 and C6-7 with cord compression C5-6 and C6-7.

 2. Mobile spondylosis esis at C4-5,

 3. Falled conservative thorapy.

 4. Minimal spondylosis, £3-4, £4-5 and £6-81,

 5. Worsening symptoms and stenosis on MR

 6. Cord compression and falled conservative therapy.

Doctor Seithon offered her C4-5, C5-6 and C5-7 anterior cervicel decompression and instrumented fusion.

The precedure would entail enterior convical distractorny(les) (with partiel adjacent corpectornies with fusion using PEEK cages, bone graft substitute and anterior plating with acrows. I discussed

surgical procedure, goals alternatives, risks and potential complications in datait. Risks of

ensenthetic include but are not limited to death, cardioresphetory compromise, Mt. DVT, PE and potential ensesthetic related problems to be discussed with ensesthetic related problems to be discussed with ensestheticiny prepagatively. We

of spinal cord or nerve root hitery, swallowing and voice difficulty, loss of motion, recurrent laryngest nerve injury-transient or permanent, ecophageal injury. Homen's syndrome, CSF leak, infection, homorinage, major vessel injury, stroke, non-union hardware tablure, swallowing problems, amanomage, major vessel injury, stroke, non-union hardware tablure, swallowing problems, assignment disease ate for were all discussed in detail and understood by the petient, it was explained the risks of surgery included but was not limited to the praceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenation denal compromise, there is a higher risk of cord injury than in a normal population from events such as eMVA or falls, if a conservative path is elected. The precise risk to however, not quantifiable. A handout was provided, I used the horse model, imaging and handout literature to exist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered, I explained to the patient was many be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in bouch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.seterneourgory.com to further review conservative and surgical treatment options end www.seplneourierss.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.

I explained that because of the degree of stenosla and cental compromise, there is a higher risk of cord injury than in a normal population from everts such as MVA or talls, if a conservative path is elected. The precise risk is however, not quentifiable.

- Routine greep workup reviewed as stable
 Work note for 6 weeks off from work, return to work anticipated and discussed was 7/27/2017.
- Neck path
 M54.2: Cervicalgia
 WORK RESTRICTIONS, GENERAL Note to Provider: Patient to remain off from work for 6 weeks from date of sugery. Surgery 8/12/2017. Expected return to regular duties 7/27/2017.

Corvices spondytosis M47.812: Spondytosis without mystopathy or radiculopathy, corvices region

- 3. Spinal stanosis in cervical region M48.02: Spinal stanosis, cervical region
- 4. Body mass Index 25-29 overweight Z68.29: Body mass index (BMI) 29.0-29.9, edult

Discussion Notes

SIERRA NEUROSURGERY GROUP NEURO

Kine Kimberly M (ID. 137855) DOE: 10/07/1079

48874580-657009 KLINE, KIMBERLY

DO8: 10/07/1979 37Y SX: F MRN: 657009 ADM/REG DT: 06/12/2017 Northern Nevada Medical Center

Received JUL 2 4 2017 POMBI-RANG

Page 4 of 11

Received, 07/27/2017

NNMC-Kline, Kimberly-Enc #48874580-IPT-SUR-6/13/2017 Physician Orders - 6/9/2017 - 11 pg

08/09/2017 08:02

RECEIVED 06/09/2017 89:08 (FAX)775 657 9881

P.005/011

SIERRA MILIROGURGERY GROUP_MEURO | 75 PRINGLE WAY | RENO, NV 89502-1478

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summery Date of Service: 05/08/2017)

Return to Office

e Laid H Sekhon, MD for SURGERY at NNMC_INPT on 08/12/2017 at 11:00 AM

• Curt Erictison, PAC for ASSIST at NNMC_BIPT on 08/12/2017 at 11:00 AM

• Curt Erictison, PAC for 2 WEEK POST-OP at SIERRA NEURO PRINGLE_NEURO on 08/28/2017 at 10:00 AM

• Curt Erictison, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/28/2017 at 10:16 AM

Electronically Signed by: GREGORY GRAVES, PAC, PA-C 08/08/2017 10:28 AM

SIERAL NEUROSURGER CHINUP NEURO

Kana, Kimbariy M (IU. 147635) 1000-10/07/1978

DO8: 10/07/1979 MRN: 657009 DOS: 10/07/1979 3TY SX: F SUR MRN: 657009 ADM/RSG DT: 06/12/2017 Northern Nevada Medical Center

Received JUL 8 4 2017 BOMSI-HUND

NNMC-Kline, Kimberly-Enc \$48874580-IPT-SUR-6/13/2017 Physician Orders - 6/9/2017 - 11 pg

08/09/2017 08:03

RECEIVED 06/03/2017 09:00 (FAX)775 657 9881

P.006/011

5/31/2017 8/00/01 PM 1/4/0_PA 1 (\$60) \$48-8900 Page 1 of 1

NNM- Northern Nevada Medical Center

Diagnostic Imaging Report 2375 E. Prater Way Sparks, NV 89434-

Pelient: KLINE, 10MBERLY Accession #: 04-XR-17-010050 Physician: Selston, Lati MD MRN: NNOK657009

ACCTS: NNM0000048874580
DOB: 1077/1979 Sex:Female
Visit Type: Present IP
Location: NNM PRE

ânteging

PROCEDURE XR Cheel 2 Views

EXAM DATE/TIME 5/31/2017 14:55 PDT

PROCEDURE: XR Chest 2 Views

HISTORY: Preoperative cardiopulmonery evaluation

COMPARISON: None

FINDINGS: The tungs and pleural spaces are clear. The cardiomediastinal structures are normal. There are no acute bony abnormalities. There are degenerative changes of the cervical epine partially visualized. There are multiple metallic clips in the gallbladder tosse.

.....

IMPRESSION: No active disease in the lungs.

DEAL

This document was electronizally signed and distated by Randali Pierce on 5/31/2017 14:57.

Dicheted by: Pierce, Randall A Transcribed By: RAPTranscribed by: Electronically Signed by: Pierce, Randall A | Dictated DY/TM; 08/31/2017 2:58 pm | RAP | Renearleed DY/TM; 05/31/17 14:50:13 | Signed DY/TM; 05/31/2017 2:57 pm |

Report ID: 228393475

Page 1 of 1

48974580-657009 KLINE, KIMBERLY

RLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Mavada Medical Center

Received

JUL 2 4 2017

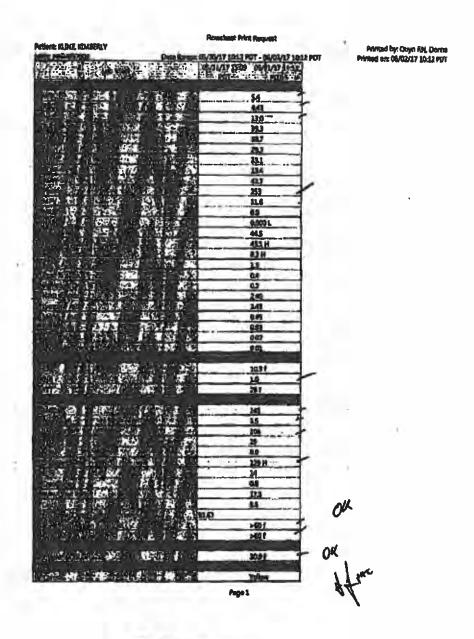
GOMBI-RANA

RECEIVED 06/09/2017 09:00

(FAX)775 657 9881 P.007/011

Jan. 2. 2017 10:14AN

No. 3536 P 1



CLINE, 22420, 557009

OOB: 10/07/1979 37Y SX F SUR MRN: 657009 ADM/REG DT 06/12/2017 Northern Nevada Medical Center Received

JUL 2 4 2017

COM81-Reno

NNMC-Klins, Kimberly-Enc #48874580-iPT-SUR-6/13/2017 Physician Orders 6/9/2017 - 11 pg

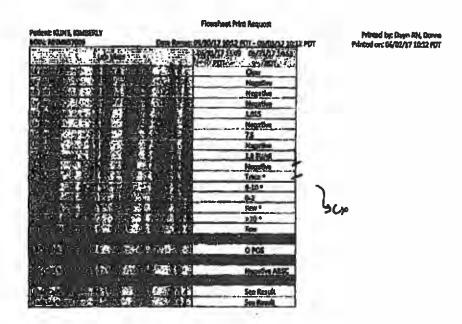
08/09/2017 08:03

RECEIVED 86/09/2017 89:08 FAX0775 657 9881

P.008/011

Jun. 2. 2017 10:14AM

No. 3536 P 2



DOB: 10/07/1979 37Y SX: F SUR MRN: 657009 ADM/REG DT 06/12/2017 Northern Noveds Medical Center

Received JUL 8 4 2017 Bamai:Reno

RECEIVED 06/89/2017 09:08

(FAX)775 657 9881 P.009/011

marroton j_{all.} 2, 2017*10: 15AK Prédad by: Usya NA, Usona MRR: NKM**85700**0 PHONIC PLUE, NAME (C.) TO THE CONTRACTOR OF THE

Ro. 3536 usp. 3/10/12/2010/

Source:Keree - Accession:000042017151000278

Picul - 9/22017 02:46:09 PDT - Nobel, Mendi NOT Detected: Mothicilin-Realisted Staphylococcus Aureun(MRBA) NOT Detected: McDScEn-Sonathro Steph survey(488A) This bust was performed at the below testing other. NNM Laboratory, Medical Director: Dr. Protip Usens, MD, Northern Noveds Medical Custor, 2375 E. Preter Wey, Sports, NV,83434

KLINE, KIMBERLY 657009

OGS: 1007/1879 37V SX: F SUR
ADM/REG DT: 06/12/2017

Received

JUL 2 4 2017

Gemai:Renb

RECEIVED 06/09/2017 09:00

(FAX0775 657 8881

P.010/011

Misrospes Juli. 2, 2017vill: 15AM Printed by: Clayo RM, Donne MRN: MINUSTODE

Patient: IOLDIE, IGNOERLY Culture Union

No. 3536 CBP. & 10:13:09 PDT Page 1

Source:U Clean Cetch - Accession:000042017181009280

Firmi - 6/2/2017 (0220:10 POY - Hisbet, Mundi 10,000 - 80,000 elstro Enthalidate con >100,000 clubril Microel ellin Core Pre - 6/1/2017 11:50:20 PDT - Pealston, Strain Note unless symptometre 10,000 - 60,000 alutal Eacherichia coll Susceptibility to follow. >100,000 chirini Mittod sida dina This test was performed at the below testing elect.
NAMI Laboratory, Medical Cirector: Dr. Philip Users, MD, Northern Havade Medical Center, 2375 E. Preter Wey,
Species, NV,83434

MANA 280,657009

DOB: 10/07/1979 37Y SX: F SUR MRN: 657009 ADM/REG DT: 06/12/2017 Northern Nevada Medical Center Received

JUL 8 4 2017

GOMBI-FIRMS

PECETVED 06/09/2017 09:08 (FA07756575881

P.011/011

Jun. 2, 2017 10:15AM

No. 3536 P. 5

THE PROPERTY STATES AND ASSESSED TO SERVICE STATES AND ASSESSE

Partie Property

KLINE, KIMBERT V SX: F SUR MRN: 657009 ADM/REG DT: 06/12/2017 Northern Nevada Medical Center

Received
JUL 2 4 2017
CCMSI-Reno

6/30/2017 3:32:27 PM PAGE

SIERRA NEUROSURGERY GROUP NEURO + 775 FLEISCHMANN WAY, CARSON CITY NV 89702-2168

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Clinical Documents

6/13/2017 1:20:31 AM UH5_PA 1 (686) 888-8888 Page 1 of 2

NNM- Northern Nevada Medical Center 2375 E Prater Way Sparks NV 89434-

Patient KLINE KIMBERLY

MRN: NNM657009

FIN

DOB/Sex

NNM0000048874580

10/7/1979 / Female Patient Room; NNM 6F; 610; 01

Admit: 6/12/2017

Disch

Disch Time Atlending Sekhon, Lali MD

Copy To.

Operative Record

DOCUMENT NAME. SERVICE DATE/TIME RESULT STATUS PERFORM INFORMATION:

SIGN INFORMATION:

Operative Reports 6/12/2017 13:32 PDT Auth (Verified)

Sekhon, Lali MD (6/12/2017 13:36 PDT) Sekhon Lali MD (6/12/2017 13:36 PDT)

- 1 SURGEON La Sekhon MD PhD FRACS FACS FAANS
- 2. ASSISTANT: Curt Erickson, PA-C'Greg Graves, PA-C
- 3. TYPE OF ANESTHESIA. General anesthesia with endotracheal intubation
- 4 PREOPERATIVE DIAGNOSIS. Cervical stenosis
- 5. POSTOPERATIVE DIAGNOSIS. Cervical stenosis
- 6. HISTORY, See formal admission H and P
- 7. PREOPERATIVE PHYSICAL EXAMINATION: See formal admission H and P
- B. TITLE OF THE PROCEDURE:
- 1. C4/5, C5/6 and C8/7 Anterior cervical decompression using a left sided approach and the microscope (adjacent partial corpectomies performed with greater than 50% vertebral body resection as part of the decompression.)
- 2. C4/5, C5/6 and C6/7Interbody fusion using PEEK interbody cages and bone graft substitute.
- 3. C4-7 Anterior segmental fixation using a cervical tooking plate
- 4. Microscopic microdissection
- Fluoroscopic guidance for placement of the screws.
- 9. OPERATIVE FINDINGS:

This is a very nice 36-year-old woman. She was involved in an accident on June 2015. There are 2 accidents. She was rear-ended. She was taken to the emergency room. She has neck tightness and neck pain. She declines physical therapy. In January this year she started developing severe left arm pain. There is no numbness and aching them. She had an epidurat. Gave her pressure feeling. She also had numbress and aching down the left arm in the C6 distribution. Went through extensive conservative measures he still has had arm pain and neck pain. Preoperative physical examination revealed a reduced range of motion of the cervical spine. There is 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had decreased reflexes in left upper extremity. Her MRI scan showed cord compression at C5-6 and C6-7 in a mobile C4-5 spondylolisthesis consequently offered a surgery the wrist benefits alternatives outlined in the rotation.

At the time of surgery she had severe stenosis she was well decompressed and did partial corpectomies in view of the degree of stenosis I managed to place a 6 mm and 7 and 7 mm cages respectively at each level starting from the top with 15 mm screws were used throughout. There were no complications she was well decompressed and neuro monitoring was also stable

10. OPERATED LEVELS: C4/5, C5/6 and C6/7

Transcription

Print Date/Time 6/13/2017 00:47 PDT

Report Request ID 231022645

Page 1 of 2

RECEIVED By SHMCO at 4:13 pm, Jun 30, 2017

6/30/2017 3:32:27 PM PAGE 3/006

SIERRA NEUROSURGERY GROUP NEURO • 775 FLEISCHMANN WAY, CARSON CITY NV 89702-2168

KLINE, KIMBERLY M (id # 147855, dob: 10/07/1979)

6/13/2017 1:20.31 AM UHS_PA 1 (888) 888-8888 Page 2 of 2

NNM- Northern Nevada Medical Center

Patient KLINE KIMBERLY

Admit: 6/12/2017

MRN: NNM657009

Disch:

FIN: NNM0000048874580 Attending: Sekhor Lali MD

Operative Record

11, IMPLANTS USED: Cornerstone PEEK interbody cages and Actifuse Meditronic Atlantis Translational locking plate

12 COMPLICATIONS: Nil

13 ESTIMATED BLOOD LOSS: 50 ml

14 OPERATIVE DETAILS: After a fully informed consent, the patient was brought to the operating room at Northern Nevada Medical Center. General anesthesia was administered. The patient was given intravenous antibiotic and intravenous dexamethasone. The patient was positioned on a regular operating table. The head was placed in gentle extension. A shoulder roll was in place. The head was resting on a donut headrest as wel. The shoulders were gently taped down and wrist restraints were used as well a footboard. Alpressure points were padded. The left side of the neck was prepped and draped in a standard fashion. Local anesthetic was placed into the wound prior to the skin incision. After fluoroscopic localization, a transverse incision was effected as localized by the x-ray Dissection continued down to the platysma. The plain above this was extensively undermined. The plain above the platysma was extensively undermined. The platysma was then split in a longitudinal fashion. Dissection then continued medial to the carotid sheath, lateral to the pharynx, through the prevertebral fascia, in an extensile fashion, to expose the anterior vertebral bodies. The prevertebral fascia was divided with monopolar cautery. The omohyoid muscle, if in the way, was divided with monopolar cautery. I then placed a spinal needle Into the affected disk space and this was confirmed on lateral fluoroscopy. The longus colli muscles were then undermined on either side of the operated levels. The Shadow-Line self-retaining retractors were then placed medially and laterally as well as cranially and caudally. An appropriate number of 14 mm Caspar distraction pins were then placed under fluoroscopic guidance into the indpoint of the vertebral parallel to the endplates. The Caspar distractor was used to achieve some measure of distraction. For each affected disk, the disk space was incised and disk material was removed with a curette.

The operating microscope was then bought into the field. Using AM-12 and then an AM-8 Midas Rex drill, a partial corpectorny was affected with a posterior lip of osteophyte drilled down with the AM-8 drill bit. Using a 5-0 angle curette, the PLL was split and the remaining disk, osteophyte and ligament at each affected level was removed with 1 and 2 mm Kerrison punches. A good central and bilateral foraminal decompression at each level was affected. Hemostasis was obtained

Once all the decompressions were done, I then turned to place the one of the interbody devices. In each case using the PEEK cage trials appropriate sizes on x-ray where found. The cages were then packed with bone graft substitute and placed into the interspace using fluoroscopic guidance. Neuromonitoring continued to be stable. I then removed the Caspar distraction pins. An appropriately sized anterior cervical locking plate was then secured across the operated levels using fluoroscopic guidance and appropriate length 4 mm diameter screws. Bone purchase was good. The locking apparatus was engaged. Final AP and lateral x-rays were taken Neurophysiologic monitoring was stable. The pharynx was inspected to ensure there was no injury. Closure was then affected in a standard fashion using 3-0 Vicryl sutures over a suction subfascial Hemovac. Dermabond was applied to the skin and a dressing and soft collar applied prior to transfer to recovery. A counts were correct and all instruments accounted for

15. PROGNOSIS. The surgery went well. The patient has been decompressed. At the end of the case, the patient awake moving his/her upper and lower extremities wall

The plan will be to observe the patient very carefully for the next 24 hours in case there is any bleeding and I would anticipate the patient will be discharged tomorrow morning. When the patient goes home, he/she will be discharged home on narpotic analgesia Flexural and oral antibiotic, usually Keflex. The plan will be to follow up in 2 weeks in the office. We will call the patient next week to ensure there are not any problems. He/she can shower in 72 hours but is instructed to keep the wound dry. The patient has also been instructed to abstain from smoking or any anti-inflammatories. The patient has also been instructed to wear a soft collar except when eating or showering

Lali Sekhon, MD, PhD, FRACS, FACS, FAANS

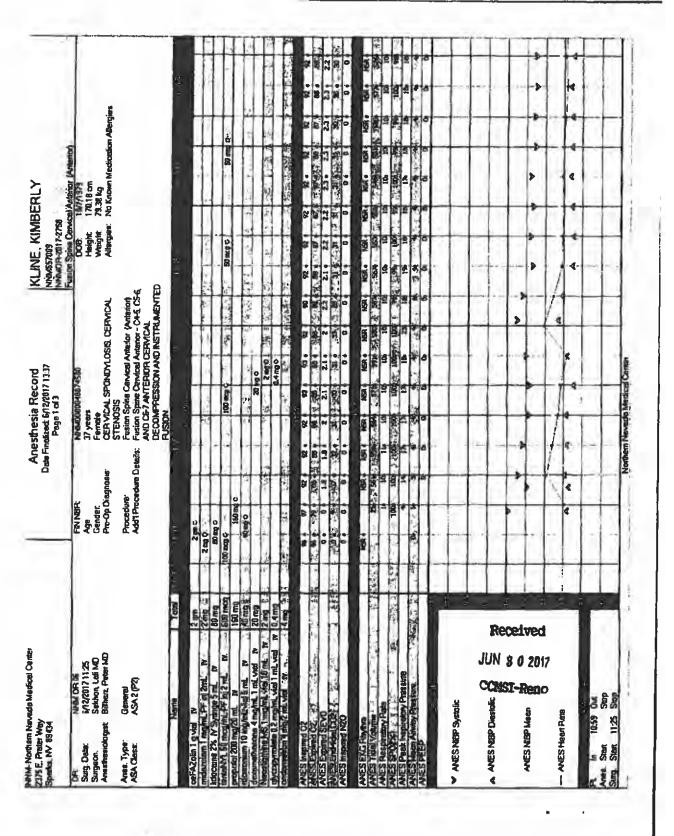
Electronically Signed By Sekhon, Lati On: 06.12 2017 13:36 PDT Print Date/Time 6/13/2017 00 47 PDT

Transcription

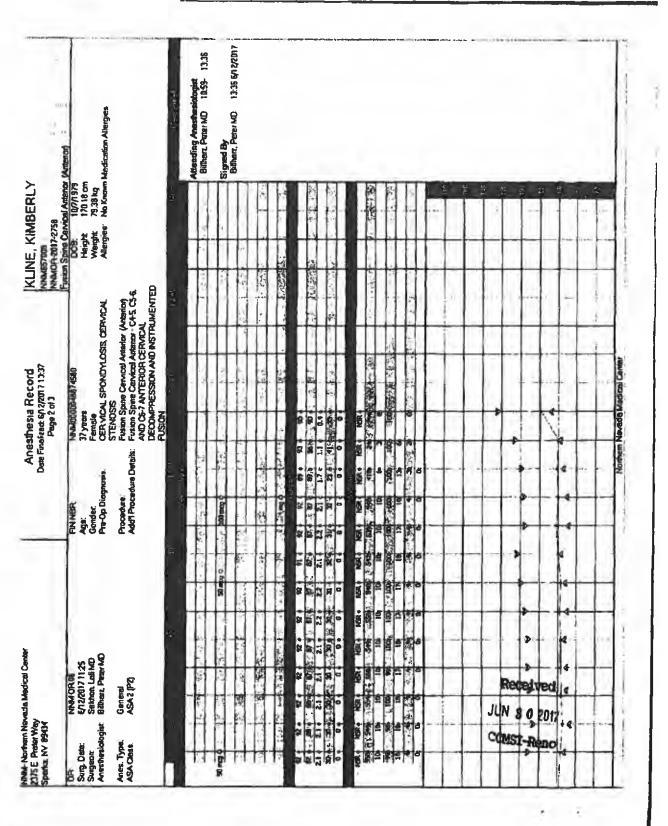
Page 2 of 2

Encounters and Procedures

6-12-17 Anesthasiologist Billing	WZ Provi	oor # 1	2017 Qualified Clinical Data Registry MARK ALL THAT APPLY			
Procedure	. l.		Unchacked bax equetits to negative enswer (i.e. no response = No) Sheded boxee are frequently checked			
ACD & F C4-C7 with instrumental perioperative temperature management to the C4-C7 with instrumental energinests 2 60 min (excluding MAC, pertpherat nerve block, instrumental energines) case) Perioperative temperature 2 55.5C (or 85.8F) 30 min between 16 min enter energines and itme or use of intrinsperative active withings						
Diagnoels			Use of difficult alway equipment D Difficult sirvely equipment used D Use was planned prior to induction			
Cervical Sten	osis, Spondylos	PACU reintibation The General anesthesis with intribation and subsequently exhibited in OR or PACU Required reintibation in the PACU Exhibition was a planned trial documented in the medical record prior to removal of the original sivery device				
		RAndigent	PONV risk protocol (Adult ≥ 18 yrs und Pediatric 3-17 yrs) prGanent brindston enesthrile with PONV risk factors:			
Location Room	n# Modifiers	(chcie)	Adult: 3 or more PONV risk factors (includes female, hx PONV or motion stutniess, non-amoter, intended uplote administration for post-up analysate)			
ri Recinnat in Ounit		99100	Pediatric: 2 or more PONV risk factors (includes surpery 2.30 minutes, age 2.3			
C Roseview a McCormack			years, strebismus surperi, his PONV or PONV in parent or staling)			
South Meadows D Ford Foot	Arterial Line	36820	P2 Provision of anti-emetic therapy with at least 2 different classes of agents 12 Exception: documentation of medical reason for not receiving anti-emetic thansay			
G Surgicel Arts B ESCNN	Central Line	36566				
XNNIC GOVIC	Ultrasound (central fine)	76937-26	Post-sneethedic transfer of care checkflat/protocol to PACU/ICU			
SCOR Diber	PA Calheter		Typ-Transfer from OR to PACU or other non-ICU location upon case conclusion CI Transfer from OR to ICU upon case conclusion			
ASA-RVG Code Base Modifier		93503	10 Transper from CR to ICO upon case concrusion 18 Use of transfer checkfat/protocol			
	8 Deliberate Hypothermia	99118				
00670 C Field Avoldance	TEE-Monitoring w/ report	93312-26	PACU assessment of scute postoperative pain			
OOG/O Position:	TEE-Doppler Spectral	93320-26	TO Age < 18 and especiaed for pain in PACU 20 tritial PACU pain acore < 7/10			
Stad Time Cod Time						
Start Time End Time DR	TEE-Doppler Color	93325-26	Gastrio espiration			
	Spinel Duramorph w/ GA	62311	D Aspiration of gestric contents up through exectscals and time			
1059 1336 4	Thoracic Epidural	62318	D Exception: known chronic aspiration prior to provision of anesthesia earytose			
		62319	Preoperative beta-tologiser in patients with isolated CABG surgery			
		-	□ Age ≥ 18 with CABG procedure			
	Brachial Plenus (single)	64415	C Beta-blocker administered within 24 hours prior to incision D Exception: Beta-blocker not administered for documented medical reason			
	Brachlal Plexus (catheter)	64416				
	Intercostal, multiple	84421 1	Parloperative mortality			
	Colotto Black (cineta)	64445 40	O Intreoperative mortality while under care of enesthesia clinician prior to anesthesia and time			
Premium Resson (append "P" to your billing i	() 	$\overline{}$				
D A: 3PM-7AM D E: Weekend		64448	Perioperative cardiac arrest Unanticipated intraoperative cardiac arrest from enesthesis start time through			
☐ B: 1et Call ☐ F: Holiday ☐ C: Post 1st/2nd/OB ☐ G: Contracted/Vac	Femoral Block (single)	64447 41	anesthesis and time			
D D: Post 3rd/RTC D H: Other	Femorei Block (catheler)	64448				
	Other Paripheral Nerve	64450 40	Unplanned admission related to enesthesis service through and of PACU care O To Hospital after planned outpatient procedure			
D K: ALERT (append "A" to your billing #)		64486	In To ICU (when not initially articipated at angethesia start time)			
C L: Pre-7AM peripheral nerve block						
		64488	Case cancellation on day of surgery after care initiated by anexthesia learn for			
Physical Status (circle)		76942-26	restons related to ensethesia cure			
1 2 3 4 5 6 (Epidural Blood Patch	02273	Smoking cossation day of surgery			
Physical Status Reason (required for 3, 4, 5)	Controlled Hypotension	99135	CI Elective surgery, age 2 18 and current emoker			
	Consult-Outpatient (new)	99201	CI instructed prior to day of surgery to abitain from smoking on day of surgery			
	Subsequent Mosa Care	99231	D Petient abstract from smoking on day of surgery			
Emergency Resson (required for all emergen-	(86k)		Stenle barrier technique for central line incertion			
		99251	☐ Max sterile barrier, hand hygiene (document on Anesihasia Record/Green Sheet)			
	Dally Epidure! Mgml.	1995	Lise of ultrasound guidance for internal jugular CVL insertion			
Notes			© Ultracound used (document on Ansathesia Record/Green Sheet)			
			Documented presence of edvanced care plan in medical record when performing a consultative post-up visit to manage post-up pain			
	1		In Plan descinanted in medical reports			
	-50: bilateral block -51: 2:	nd block	QCDR 2017 © Amended Data Submission			
	11.2		**************************************			
ASSOCIATED Received 48874580-657009 KLINE, KIMBERLY						
AINES I HESIOLO	21212	JUN	1 3 0 2017 DOB: 10/07/1979 37Y SX: F SUR			
An affilian of	PEDHAX"		: MRN: 657009 ADM/REG D1: 06/12/2017			
		- Yri	Northern Nevada Medical Center			
		•	Service make and election processes and comments.			



AA 1531



KLINE, KIMBERLY NNAGS2009 NNAGR-2012-2758 Fuision Spins' Cervosi Asterior (Arte Anesthesia Record Date Findixed: \$/12/2017 13:37 Page 3 of 3 Received JUN 3 0 2017 CCMST-Reno NNW-Narthern Neverte Medical Center 2375 E. Prater Why Sparts, NV 89434

AÅ 1533

15853 E839641

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/26/2017)

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed, if you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:338417-H-13729]

Patient Demographics

	Lattelic peliphiabilics
Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	

06/26/2017 1. Two weeks status post C4-C7 ACDF		
1. Two weeks status post C4-C7 ACDF	THE REAL PROPERTY OF THE PERSON NAMED IN	Acces to accessor to
2. Left upper extremity radiculopathy.		
		Mark Care III
work-related injury with a motor vehicle accident. Since	that time, sh	ivolved in a e has been
improvement to the left upper extremity symptoms. The hand specifically have improved. She still has some ac neck. She has some mild dysphagia that slowly seems been wearing her soft cervical collar when she is up and a is actually feeling quite well for 2 weeks after surgery. The	numbness in hiness poster to be improvire bout, but state a strength in l	er arm and forly of her has that she her arms is
Past Medical History not reviewed (last reviewed 06/08/2	017)	
Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy		***************************************
Reviewed Medications	······································	444444444444444444444444444444444444444
PROzac 40 mg capsule Take 1 capsule(s) every day by oral route.	04/03/17 e	nte re d
traMADol 50 mg tablet Take 1 tablet(s) EVERY 4-6 HOURS by oral route, propain.	04/25/17 pr	rescribed
Reviewed Allergies		}*************************************
NKDA	Rec	eived
Reviewed Social History Smoking Status: Never smoker Advance directive: N		8 6 2017
Reviewed Family History	The state of the s	THAN
	work-related injury with a motor vehicle accident. Since struggling with neck pain and left arm pain and numbness Today, she presents to 2-week postoperative review, improvement to the left upper extremity symptoms. The hand specifically have improved. She still has some as neck. She has some mild dysphagia that slowly seems been wearing her soft cervical collar when she is up and is actually feeling quite well for 2 weeks after surgery. The good. Overall, she takes about 1 pain tablet towards otherwise the pain is very manageable. Past Medical History not reviewed (last reviewed 06/08/2 Reviewed Surgical History 1. Ankie sprain with surgery 2. Cholecystectomy Reviewed Medications PROzac 40 mg capsule Take 1 capsule(s) every day by oral route. traMADol 50 mg tablet Take 1 tablet(s) EVERY 4-6 HOURS by oral route, propain. Reviewed Allergies NKDA Reviewed Social History Smoking Status: Never smoker Advance directive: N	Past Medical History not reviewed (last reviewed 06/08/2017) Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy Reviewed Medications PROzac 40 mg capsule Take 1 capsule(s) every day by oral route. traMADol 50 mg tablet O4/25/17 pr Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain. Reviewed Allergies NKDA Reviewed Social History Smoking Status: Never smoker Advance directive: N Reviewed Family History

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

	Mother Family history of cancer (onset age: 65)
Review of Systems	Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient is medications were reviewed at the time of the visit, also the patient is smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.
Physical Exam	Patient is a 37-year-old female.
	On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. There is minor superficial edema and swelling that is non-concerning.
	Upper extremity motor strengths are 5/5 throughout bilaterally.
	Sensation is grossly intact.
	DTRs are equivalent and normal bilaterally.
Labs/Data/Imaging	N/A
Procedure Detalis	None recorded
Assessment and Plan	Impression 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.
	1. Spinal stenosis in cervical region M48.02: Spinal stenosis, cervical region XR, CERVICAL SPINE - Note to imaging Facility: in 4 weeks, S/P C4-C7 ACDF
	Views (X-RAY, CERVICAL SPINE): AP, Lateral, Flexion & Extension
	Discussion Notes
	I had a discussion with Kim Kline today. She is recovering appropriately at this stage. I will ask her to continue be cautious with bending, flexing, and twisting about the neck. She is to wear a soft cervical collar when she is up and about. We discussed that she should avoid NSAIDs for at least another 10 weeks. We will follow up with her in 4 weeks' time with static and dynamic cervical x-rays. As always, she is to call with any questions or concerns.
	Plan 1. Followup in 4 weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes to her condition.
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Return to Office
	Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Electronically Signed by CURT ERICKSON, PAC, PA-C 06/26/2017 11:17 AM

Received

JUN 2 6 2017

CONST-REDO



RDC EUREKA 590 Eureka Avenue

Reno, NV 89512

Phone: (775) 323-5083 Fax: (775) 333-2776

Patient Name: Kline, Kimberly

Diagnostic

MRN: 407766

Date of Birth: 10-07-1979

Patient Phone: (775) 815-5790 Date of Exam: 07-24-2017

Exam: XR-Spine Cervical 4 or 5V AP, Lateral, Flexion,

Extension [27985] - SPINE C

Exam requested by:

Curt Erickson PAC 5590 Kietzke Lane Reno NV 89511

Kline, Kimberly 305 Puma Drive

Washoe Valley NV 89704

CLINICAL INDICATION: Followup previous cervical fusion.

TECHNIQUE: Four views of the cervical spine with upright lateral flexion/extension views.

COMPARISON: None

FINDINGS:

Patient has had anterior interbody fusion C4 through C7.

Flexion/extension views demonstrate no instability. No postop complications are noted

There is mild posterior element arthropathy mid cervical spine. No compression fractures are noted. Prevertebral soft tissues are normal

IMPRESSION:

Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

Thank you for referring your patient to RDC EUREKA

Electronically Signed by Golding, Ross, MD 07-24-2017 4:10 PM

Washoe

REVIEWED

By SHMCO at 2:40 pm, Jul 25, 2017

Copies of this report and DICOM exam images may be available to participating Nevada Health Information Exchange members for a minimum of 12 months, based on the patient's health information access preferences.

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you!

Printed: 07-25-2017 11:19 AM

Kline, Kimberly (Exam: 07-24-2017 3:35 PM)

Page 1 of 1



SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 07/26/2017)

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:381901-H-13729]

	Patient Demographics
Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	
Primary Care Provider	LALI H SEKHON, MD

Encounter Notes Encounter Date 07/26/2017 Chief Complaint 1. Two weeks status post C4-C7 ACDF Left upper extremity radiculopathy. Kim Kilne presents today for review. Again prior to surgery, she was involved in a work-related injury with a motor vehicle accident. Since that time, she has been History of Present lliness struggling with neck pain and left arm pain and numbness. Today, she presents to 6-week postoperative review. Or. Sekho and I were able to review her. She She continues to notice improvements to the left upper extremity symptoms. The left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about 1 pain tablet towards the end of the day, but otherwise the pain is very manageable. Past Medical Past Medical History not reviewed (last reviewed 06/08/2017) History Past Surgical Reviewed Surgical History History Ankle sprain with surgery 2. Cholecystectomy Medications Medications not reviewed (last reviewed 06/26/2017) PROzac 40 mg capsule
Take 1 capsule(s) every day by oral route. 04/03/17 entered traMADol 50 mg tablet
Take 1 tablet(s) EVERY 4-6 HOURS by oral route, pm 04/25/17 prescribed pain. Received Allergies Reviewed Allergies NKDA JUL 2 6 2017 COMSI-Reno VItals 07/26/2017 10:26 am 5 ft 7 in Wt: 176 lbs BMI: 27.6

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

athena

7/26/2017 2:04:31 PM

4	BP: 111/72 Pulse: 82 bpm RR: 16
	Pain 0 Scale:
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Family History not reviewed (last reviewed 06/26/2017) Father - Arthritis Mother - Family history of cancer (onset age: 65)
Review of Systems	Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient semantic semant
Physical Exam	Patient is a 37-year-old female.
	On physical exam, the wound is clean, dry, and intact. There is no evidence of infection.
	Upper extremity motor strengths are 5/5 throughout bilaterally.
	Sensation is grossly intact
116 g gyð oga ng klabur og þjóganna í ynn gyð og sa kinn þegri kap r	DTRs are equivalent and normal bilaterally.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	imaging: X-rays from RDC show C4-C7 instrumentation that is well aligned without evidence of loosening or failure. There is no instability on dynamic images.
	impression 1. 6 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.
	1. Spinal stenosis in cervical region M48.02: Spinal stenosis, cervical region WORK RESTRICTIONS, GENERAL - Note to Provider: Released to full time without restrictions on 7/31/17 PHYSICAL THERAPY NECK REFERRAL - Schedule Within: provider's discretion Note to Provider: S/P C4-C7 ACDF
	Evaluate & Treat: yes Visits per Week: 2
	Total # of Visits: 12
	XR, CERVICAL SPINE Views (X-RAY, CERVICAL SPINE): AP, Lateral, Flexion & Extension
	The state of the s
	Discussion Notes Dr. Sekhon and I had a discussion with Kim Kline today. She is recovering appropriately at this stage. We would like for her to commence PT at this time. She is released to work without restrictions on 7/31/17. We will follow up with her in another 6 weeks with repeat x-rays.
	Plan
	Followup in 6 weeks with static and dynamic cervical x-rays. Call with any questions or concerns or changes to be condition.
	3. PT 4. Released to work without restrictions on 7/31/17.
	CONST-Re

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

athena

7/26/2017 2:04:31 PM

Received: 07/27/2017

Return to Office

• Curt Erickson, PAC for 12 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 09/06/2017 at 11:00 AM

Electronically Signed by: CURT ERICKSON, PAC, PA-C 07/26/2017 10:56 AM

Received

JUL 2 8 2017

COMSI-Reno

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

Received: 08/22/2017

10, 9173 - 3

Aug. 15. 2017 7:44AM



INITIAL EVALUATION/PLAN OF CARE For outpatient rehabilitation

PATIENT: Kimbert Kline

DOB: 10/07/79

REFERRING PHYS CIAN: Lali Sekhor, M.D.

THERAPIST: Amanda Cowles, P.T., D.P.T.

START OF CARE L'ATE: 08/10/17

DATE OF SURGERY: 06/12/17

TYPE OF THERAPY: Physical Therapy

History: Patient is a 37-year-old female status post ACDF at C4 through C7. Patient was originally injured at work in June 2015. She is employed in parking enforcement and she was rear-ended two times within 3 weeks. Patient did chiropractic and physical therapy at linat time with mild relief. Patient started to experience left arm symptoms approximately six to eight weeks after being discharged from physical therapy. Patient had MRI and was surgical candidate. Patient is doing well postoperatively. She has returned to work in parking enforcement full-time. She wore her cervical spine collar for the first three weeks. Current consplaints include daily headaches especially at the end of her working shift. Limited cervical spine range of motion and her muscles feel light. Patient reports the neck pain she had prior to surgery is abolished and she is reporting improvement in her laft radicular symptoms, but she does continue to have numbness at her thumb. She is reporting infrequent nerve pain down her left upper extremity. Prior level of functioning includes been active. She is the mother of a seven and 10-year-c/d. Patient needs to be able to perform, laundry, grocery shopping, taking care of nerself and her children.

<u>Current Functional Limitations:</u> Include sleeping. Patient is having increased difficulty with laundry and grocery shopping. Patient reports she if as significant pain at the end of her work day. Patient is also having difficulty picking things up off the floor secondary to lack of mobility of her cervical spine.

Patient Problems:

- 1. Pallent's incisior is healed.
- 2. Cervical spine AROM: Flexion 25°, extension 20° side bend left 20°, side bend right 25°, rotation left 50°, rotation right 50°.
- Cervical spine it yotome strength is 5/5.
- 4. Dermatomes are decreased to light touch on the left at C5-C6.
- 5. DTR: Absent or C5 on the left, otherwise 2+ and symmetrical for C6 and C7.
- 6. Neck Index = 40 %.
- Patient has significant hypertonicity along her cervical spine paraspinal anterior and posteriorly and into her upper trapezius.

Co-Morbidity: Nonc.

Assessment: Patient is status post cervical spine ACDF at C4 through C7. Patient is doing well postoperatively

Plan of Treatment: Manual treatment to decrease pain, improve tissue mobility and improve cervical spine range of motion, therapeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular rescucation activities to postural stabilizers, gratient education including posture and body mechanics education, modalities including moist heat and ice and home exercise program.

Received

AUG 21 2017

CMSI-Renc

SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1199 • F: 775.331.1180

NORTHWEST FENO • 1610 Robb Drive, Suite D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224

SOUTH RENO 734 South Meadows Pkwy., Suite 101 • Reno, NV 89521 • 7: 775.853.9966 • F: 775.853.9969

Aug. 15. 2017 7:44AM

No. 0173 F. 4

Page 2 Kimberly Kline

Short term goals:

- 1. Patient will be compliant in a home exercise program in 1 visit.
- 2. Patient will be able to tolerate the upper cycle for a warmup in 2-4weeks.

Long term goals:

- 1. Patient will improve her Neck Index to < 10 in 8-12 weeks.
- 2. Patient will be able to complete a work day with 90% improvement in pain and headache frequency in 8-12 weeks.
- 3. Patient will be able to resume performing laundry and grocery shopping with no difficulty in 8-12 weeks.
- 4. Patient will be able to sleep 6-8 hours without waking from cervical spine pain in 8-12 weeks.

Goals discussed with patient? Yes.

Patient informed of Diagnosis/Prognosis? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I certify the need for these services furnished under this plan of care effective the plan care date aforementioned above. The above plan of care is herein established and will be reviewed every 30 days.

above plan of care is herein esta	ablished and will be reviewed every 30 da	ays.
Therapist signature:	The Cull PT. DFT	Date: 8/10/14
Referring Physician's signature:		Date:
T. redmt.com/CL/TN		

Receive

AUG 21 2012

COMST-Reno

□ SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1199 • F: 775.331.1180

NORTHWEST RENO • 1610 Robb Drive, Suite D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224

SOUTH REND • 734 South Meadows Pkwy., Sulte 101 • Reno, NV 89521 • T; 775.853.9966 • F; 775.853.9969

Aug. 15. 2017 7:44AF ---

Received: 08/22/2017 Ao. 0173 F. 2 12837

08-10-17 10:29am

	TREATM	ENT ENCOL	JNTER NOT	E	
Patient Information					
Account #: 0026102075 Name: Kline, Kimberly	Co - Pay:	002	OR Dx:	Co - Insurance:	3.03 M64.2
Psyor Code: <u>A0728</u>	Payor Name: <u>CCMS1</u>			Financial Class: WC	OMP
Appointment Detail		12:00	12:60		
Discipline: PT	# Visite Prior To Today: 0	of 1			
Dals: 08 10 17	Total Time Based Time:	10 Total	el Treatment Time:		
bjectiva: (Patient Sell Report	Functional Changes)		Pain Lavel	(0= no Pain 10 = worst	pain)
					1
9					
	H ₂ .		r		
ijective Data/Tests: See In:	tial Evaluation (Include objective	and functional tas	sis specific to pale	nts yondalon)	
			011		ļ
) (İ
_			C		
					- (
satment Provided: See Fig	w Sheet for Specific Techniques	, Interventions, Ex	ercises, Activities a	ind/or Training	
			$ \Lambda$ $-$		
WUAL THERAPY x_16 mir	n to Decrease pain/restriction	n Facilitate heal	ing (\$\frac{1}{2}\frac	issue mobility 🔲 Restor	e tissue function
	min to increase/improve	akilista D iadaa		also de cello mone	
		_			}
EUROMUSCULAR RE-ED 1_ EDINY desonsitization	min to improve balance	Geordination [kinesthetic sense	Doesture Decoloriocep	tion meter skill
ERAPEUTIC EXERCISE x .	_6_min to Increase □ strength	Name of motion	n [] flevibliby [] e	nduranee	1
	- -				
improve postural control dur	NING xmin toincrease ing ADLsOther (Specify):	attribiose acutios	Ingebeloerice in	ACLE [improve serety/)	ovut brose: iou
AT TRAINING xmin to	improve safety 🗖 increase	independence 🔲 r	sqtore normal gait	correct or minimize ga	deviations
	min: Specify			_	
		741 27			
oup Session included: 1 2	ide) xmin for Ther. Ex	(et Hemomusc	ilar Keed 🗀 i ver A	CILLI Aquatic Therapy [Other
erapeutic Modalitie :					
pe:S	etting(s):		=min. to		1
pe: &	etting(s):		xmin. to		ļ
itlonale. Decreas pain/res	ir ction/spasm Cimprove lissue	extensibility 🗀 Fa	ciikate healing/exe	rdse Decrease Ethislo	n Improve mobility
sessment (Response to Treat	tment, Gost Attainment. Objectly	re Progression, Jus	tification for Contin		
		_	, ς		en l
		4	2 -	- HNE	
			_ '	The same of the sa	
				-11	Recei
ealment Plan: Progress per	r treatment plan 🔲 Re-Eveluate	Update/Revise	ed Home Program		AUG 2
					400 X 1
					CONST-R
vider(s) Signalure	Provide	Name(s) Printed	1	License #	Dale
JOHN C	with prot	tmarda Co	wits	249	8/10/17

Received: 08/22/2017

Aug. 16. 2017 3:61PM

No. 0228 P. 22837

08-15-17 10:02am

	INEATIMENT ENC	DOM LEK MO	IE
Patient Information			
Account #: 0026102075	Co - Pay:	OR	Co - Insurance:
Name: Kline, Kimberly	Injury #: 602		M48.02 Soinal stanosia, cervic: Lra
Payor Gode; A0028	Payor Name: CCMSI		Financial Class WACOMP
Appointment Detail		9:0	43 10:40 50
Discipline: PT	#Visits Prior To Today: 1 of 8		7
Date: 08 15 17	Total Time Based Time: 46	 Total Treatment Tim	68 GB
bjective: (Palient Self Report/F		Pain Level	(0= no Pein 10 = worst pain)
	Governing how	H JUNI	more save, still
	al Evaluation (Include objective and functional		
0			
satment Provided: Saa Flow	Shaot for Specific Techniques, Interventions,	Exercises, Activities	and/or Training
7	0	<u> </u>	
MUAL THERAPY x 1/1/2 min Verbel Consent Oblained. Ti	to Decrease pain/restriction Facilitate h	ealing 🖂 (mprove j	Utissue mobility 🔲 Restore tissue function
	•		
UROMUSCULAR RE-ED » 1 bility desensitization ERAPEUTIC EXERCISE x	min to [] 'ncrease/improve abilities [] inde Description Description	kinesthelic sense	posture proprioception his otor skill
LF CARE/HOME MGT TRAIN improve postural control durin	NG xmin to increase/improve abilities g ADLs Other (Specify):	a []independence i	n ADLs Improve safety/joint proction
	mprove safety increase independence	restore normal gat	t C correct or minimize galt devia ons
HER PROCEDURE x m			
OUP THERAPY (untimed code bup Session included: 1 2 3	a) xmin forTher_Exer Neuromus 4 others (circle)	scular Reed 🗌 Ther	Act Aquatic Therapy Other
00: 1P Set	ting(s):	nin. to	d5
ionale: Decrease pain/restri	ction/spasm Cimprove tissue extensibility C	Facilitate healing/ex	ercise Checrease Effusion Dya: ove mobi
U)8811 OI 651/Odeari innuesee	ent, Goal Attairiment, Objective Progression, J	rustification for Cont	nuing Services)
	Very hyperts	ome clopo	1309 ltns genor
^			Received
alment Plan: Progress per tr	eatment plan Re-Evaluate Update/Revi	Isad Home Program	UG 2 1 2017
· 13		c	CMSI-Reno
undarie) Signatura			
wider(s) Signature	Provider Name(s) Printer	Cowles	License # of Dale

12837 08-17-17 09:54am

TREATMENT ENCOUNTER NOTE Patient inf:mation Account #: 1026102075 Co - Pay: _ OR Co - Insurance: Name: Ktire, Kimberty Injury #. 002 M48.02 Spinol stanosis, cervical re-Payor Code A0028 Financial Class: WCOMP Appointment Detail 2.20 3:20 Discipline: # Visits Prior To Teday: 2_ of B Date: 08 7 17 <u>40</u> Total Time Based Time: _ Total Treatment Time:__ Subjective: (Ps ient Self Report/Functional Changes) (0= no Pair 10 = worst pain) improving only singlet that today Noch is Objective Date "ests: See Initial Evaluation (Include objective and functional tests specific to petients condition) se Flow Sheet for Specific Techniques, Interventions, Exercises Activities and/or Training MANUAL THE :APY x 1/2 min to 19 Decrease pain/restriction | Facilitate healing | Improve jt/lissue mobility | Restore tissue function | Divergel Cor :ent Obtained. Tissue/ut /Technique. THERAPEUTI: ACTIVITIES x____min to [] increase/improve abilities [] independence in functional tagks and activities NEUROMUSC .ILAR RE-ED x 10 rnin to improve balance coordination kinesthelic sense (posture proprioception functor skill stability de ensitization THERAPEUTI: EXERCISE x 6 min to increase the rength [] range of motion [] flexibility [] endurance SELF CAREM: :ME MGT TRAINING x _____min to Sincrease/improve abilities || Independence in ADLs || improve exfety/joint protection | | Improve pt : tural control during ADLs || Other (Specify): _____ ___min to 🗌 improve salety 🗌 increase independence 🔲 restore normal gait 🔲 correct or minimize gait deviations OTHER PROCEDURE x____ min: Specify_ GROUP THEF APY (untimed code) x _____ min for Group Sessial included: 1 2 3 4 others (circle) min for Ther. Exer Neuromuscular Reed Ther Act Aquatic Therapy Other Therapeutic Madalities Type: MAP Setting(s): x /Omin. to x 10 min to Rationale: I (::crease pain/restriction/spasm I improve tissue extensibility I Facilitate heating/exercise I Decrease Effusion I improve mobility Assessment () :esponse to Tree/ment, Goal Attainment, Objective Progression, Justification for Continuing Services) improving tore of ols para op. still trapt nowever especially 8 HIAUT. Treatment Pis 1, Diffiguress per treatment plan 🔲 Re-Evaluate 📋 Update/Revised Home Program Provider Name(s) Printed 2149 tmanch Cou

Vo. 0296

M978: 2017 2:37PM

08-22-17 03:27pm

TREATMENT ENCOUNTER NOTE

Patient Information			.=
Account #: 0026102075	Co - Pay:	OR	Co - Insurance:
Name: Kline, Kimberly	Injury #: 002	Dx:	M48.02 Spinal stenosis central re
Payor Code: A0028	Payor Name: CCMSI		Financial Class: WCOMP
Appointment Detail			30 7:50
Discipline: PT	# Visits Prior To Today: 3 of B Total Time Based Time:		
Date: 08 22 17	Total Time Based Time:	Total Treatment Time:	80
Subjective: (Patient Self Report	/Functional Changes)	Pain Level	(0= no Pain 10 = worst pain)
	stiff toda	ey Har a	H.A.
Objective Data/Tests: See Ini	tisl Evaluation (Include objective and functions	al tests specific to patle	nts condition)
^			
Francisco Devided V. Mar Ele	01		
reatment Provided; See Fig	w Sheet for Specific Techniques, Interventions	. Exercises, Activities a	and/or Training
ANUAL THERAPY x 10 mir	n to Decrease pain/restriction Decrease pain/restriction Decrease pain/restriction Decreases	healing Improve jut	lesue mobility Restore tissue function
•	min toincrease/improve abilitiesind		
IEUROMUSCULAR RE-ED x_' tability desensitization	15_min to improve □ balance □ coordination	kinesthetic sense	Desture proprioception motor skill
HERAPEUTIC EXERCISE X_	S_min to Increase ☐ stength ☐ range of me	otion 🔲 Nexibility	Idurance
ELF CARE/HOME MGT TRAIN		·	ADLs improve safety/joint protection
	improve safety increase independence [☐restore normal gait	correct or minimize gait deviations
THER PROCEDURE xr	nln: Specify		
GROUP THERAPY (untimed con Broup Session included: 1 2	de) xmin for	scular Reed Ther A	ct Aquatic Therapy Other
herapeutic Modalities ype: M HV Se	itling(s):	x IV min. to	c15
ypo:Se	etting(s):	xliD_mln, to	α
ationale Decrease pain/rest	riction/spasm I logrove tiesue extensibility		
sessment Response to Treati	ment, Goal Attainment, Objective Progression,	Justification for Continu	uing Services)
	Trant BCMI	ocalenes.	suborcepitals LUT.
	Aid uhia	: manual	Mr. JHA poot
\sim	F	•	Keterago
reatment Plan: Progress per	treatment plan Re-Evaluate Update/Re	vised Home Program	AUG 2 5 2017
Ü			CCMS: Renc
rovider(s) Signature	who PTOPI Provider Name(s) Printe	od Cawles	License # Date 2/22/17
	DINAME I STITUTE	700143	
886 P. 3			Aug. 23. 2017 4:32PM

Received: 08/29/2017

Aug. 25. 2017 3:09PM

10. 1427 - 12325 08-23-17 10:31am

TREATMENT ENCOUNTER NOTE

Patient Information			
Account #; 0026102075	Co · Pay:	OR	Co - Insurance:
Name: Kline, Klmbarly	injury #: 002		M48.02 Spinal stanosis cervical re
Payor Code; A0028		- DA	Financial Class: WCOMP
	14,41146116		I mancial diass
Appointment Detail		8	130 4:35
Discipline: PT	# Visits Prior To Today: 3 of 8		
Dale: 08 23 17	Total Time Based Time: 45		45
ubjective: (Palient Self Repor		Pan Level	(0= no Pain 10 = worst pain)
3	Sorce Hut today	last maps	worke Lunga
bjective Deta/Tests. See In	itial Evaluation (Include objective and fund	tional tests specific to pati	ents condition)
		- 1	
			•
entment Provided: See Fig	ow Sheet for Specific Techniques, Intervent	ions, Exercises, Adivities	and/or Training
ANUAL THERAPY x 10 mil	n to [] Decrease pain/restriction [] Facili Tissue\(Jr./Technique:	ale healing mprove ju	flasue mobility Restore lissue function
REPROPERTIES ACTIVITIES &	min to [] increase/improve abilities [Tindaneodence in function	set tacks and schedule
- F	. 16		
bility [] desensitization	min to improve balance coordin	blion [] kinesthelic sense	Desture proprioception nivered a
IFRAPELITIC EXERCISE V	Into increase strongth [] range	of motion [7] (Sauthillia Ha	2
ELF CARE/HOME MGT TRAII] improve posturel control duri	NING x min to incresse/improve a ing ADLs Other (Specify):	bilities Tindependence in	ADLs improve safety/joint protection
NIT TRAINING Xmin to	improve safety [] Increase independer	nce [] restore normal gait	Correct or minimize gait deviations
HER PROCEDURE x		-	100
OUP THERAPY (untimed co oup Session included: 1 2	de) xmin for Ther. Exer Neur 3 4 others (circle)	omvecular Reed LTher A	Act Aquatic Therapy 📑 Other
erapeulic Modalities		in.	
po: MHP Se	etting(s):	x_10_min. to	U.5
99:Se	alling(s):	x_IV_min. to	
tionale: Decrease pain/rest	riction/spasm Comprove tissue extensibilit	y Excellente heating/exe	rcisa Aliactiuse Effusion H Improve mi
essment (Response to Treat	ment, Goal Attelnment, Objective Progress	ion, Justification for Contin	ulng Service:)
	Impr	torce tone of	als to any Received
\cap			AUG 2 9 201
alment Plan Pogress per	treatment plan Re-Evaluate Update	/Revised Home Program	
			CMSI-Reno
vider(a) Signature	Provider Name(s) P		License P Date
tow Cu	who PENET Amon	da Cowles	2149 0/28

Ao. 9525 - 2

08-29-17 09:43am

	IKEAIW	ENT ENC	IMUC	EK NO!	1	
Patient Information						
Account #: 0026102075	Co - Pay:	<u> </u>	(170.00)	OR	Co - Insurance:	
Name: Kline, Kimberly	Injury #	002		Dx:	M48.62 Soinal s	itenosis, cervical re
Payor Code: A0028	Payor Name, CCMSI				Financial Class:	WCOMP
Appointment Detail		15	38	2725	· · · · · · · · · · · · · · · · · · ·	
Discipline: PT	# Visits Prior To Today: 5	of 8	-0			
Date: 08 29 17	Total Time Based Time:		− olei Trea	tment Time:	65	
Subjective: (Patient Self Reports				n Lével	(0º no Pain 10 =	worst pain)
		ash bu		,		
Objective Data/Tests: See Ini	ial Evaluation (include objective	e and functional	lesis spe	cific to patle	nts condition)	
٥						
Treatment Provided See Flo	w Sheet for Specific Techniques	interventions,	Exercise	s, Activities	ind/or Training	
MANDAL THERAPY X 15 mir	to Charmes mintentialid	Englillato h	nollan EX	1	is sup makiti. 162	Section Name (action
Verbal Consent Obtained	TrasueVt/Technique	e. TLaminate v	Ballety (C.	Presidente l'ai	is and industry and su	rtestoral tissue tandition
I NHERAPEUTIC ACTIVITIES :_	min to [] increase/improve	abilities 🔲 Inde	pendano	e in function	al tasks and activiti	es
	min to improve balance				^	\sim
stability desensitization		,				Д(Элэн
THERAPEUTIC EXERCISE x / \hbar	min to Increase Detrongth	range of mo	tion 📋 fi	exibility [De	durance	
SELF CARE/HOME MGT TRAIN	NING xm:n to []increase ing ADLs [] Other (Specify);	e/improve abilitie	s []inde	pandence in	ADLs [] improve s	eafety/joint protection
GAIT TRAINING x min to	improve safety. increase 1	Independence [Trestore	fian Ismaon	Correct or minio	nize gait deviations
		Indohan Adua F	J. 1001014	normal gan		mes guit deviations
OTHER PROCEDURE x		-		C1	5	
GROUP THERAPY (un!Imad co Group Session included: 1 2	de) xmin for Ther. E) 3 4 others (circle)	cer [_] Neuromu	sçular Re	ed L_ITher A	ctl_ Aquatic Ther	apy [] Other
Therapeutic Modalities	etting(s):			O	15	
()			^			4
	elling(s)		-(*)	min_to	_	_ \(/ \)
	riction/spasm :mprove lissue					Susion Improve mobility
Assessment (Response to Treat						
	lme	TOUTNA .	cls r	notion.	Corut E	hyperforcity (onto Hd
	ົລີ	huhamin dr	- Ne	1 VM 1261 C	، مصرابهار	(out of Hd
\cap	v :	aveoreth n	ت اب			Received
Freatment Plan: Hitonress per	treatment plan Re-Evaluate	Update/Rev	rised Hor	ne Proeram		2-002000
				- 01		SEP 0 5 2017
· /.						
Provider(s) Signature	Provide	r Name(s) Prints	ıd		License #	CCVST-Renc
CITUIN CI	under PTOPI	Amar	rda_	Cowles	2149	1 8/na/17

· Sep. 1. 2017 3:61PM

No. 4642 P. 212837

08-31-17 10:32am

TREATMENT ENCOUNTER NOTE Patient Information Account #: 0026102075 Co - Pay: Co - Insurance. Name: Kline, Kimberly Injury #: 002 M48.02 Spinal stenosis, cervical re-Payor Name: CCMSI Payor Code: A0028 Financial Class: WCOMP Appointment Detail 11:30 12:40 Discipline: PT # Visits Prior To Today: 6 Date: 08 31 17 Total Time Based Time: _ Total Treatment Time: Subjective: (Patient Self Report/Functional Changes) (0= no Pein 10 = worst pain) Exhausted, but no Hut today Did not olecp their bear many. Objective Data/Tests: See Initial Evaluation (Include objective and functional tests specific to patients condition) Trentment Provided: See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training MANUAL THERAPY X 6 inits to 1 Decrease cain/restriction | Facilitate Inselling | Improve julissus mobility | Restore tissue function | Perbal Consent Obtained. Tissue/Ji./Technique: THERAPEUTIC ACTIVITIES X_ _min to [] r:crease/improve abilities [] independence in functional tasks and activities NEUROMUSCULAR RE-ED x 70 _min to improve 🔲 balance 🖂 coordination 📑 kinesthetic sense 📑 osture 🦳 propric caption 🦳 profes aklik stability desensitization THERAPEUTIC EXERCISE x 粒 min to increase Distrength Drange of motion [] Itexibility 🖂 didurance SELF CARE/HOME MGT TRAINING x_____nun to lincrease/improve abilities in adependence in ADLs improve safety/joint protection improve posture/ control during ADLs Citier (Specify):______ _min to 🔲 improve safety 🔲 increase independence 🛄 reatore normal gail 🔲 correct or minimize guit deviations OTHER PROCEDURE x____ min: Specify_ GROUP THERAPY (untimed code) x _____mln for Group Session included: 1 2 3 4 others (circle) _min for 🔲 Ther, Exer 🔲 Neurornuscula: Reed 🔲 Ther Act 🔲 Aquatic Tharapy 📋 Other Therapeutic Modaliti() 015 x 10 min. to Setting(s): Rationals Decrease pain/restriction/spasm | Improve tissue extensibility | Facil tate healing/exercise Obscrease Effusion | Improve mobility Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services) Hit produced is extreise today Received Treatment Plan: Progress par treatment pizz. Re-Evaluate Update/Revised Home Program SEP 06 2017 CCMSI-Renc Provider Name(s) Printed Provider(s) Signature License # 1: /3/ Amanch Coules

Received: 09/11/2017





RDC EUREKA

590 Eureka Avenue Reno, NV 89512 Phone: (775) 323-5083 Fax: (775) 333-2776

Patient Name: Kline, Kimberly

MRN: 407766

Date of Birth: 10-07-1979

Patient Phone: (775) 815-5790 Date of Exam: 09-05-2017

Exam: XR-Spine Cervical 4 or 5V AP, Lateral, Flexion,

Extension [27985] - SPINE_C

Exam requested by:

Curt Erickson PAC 75 Pringle Way, Ste 1007 Reno NV 89502

Kline, Kimberly 305 Puma Drive Washoe Valley NV 89704

CLINICAL INDICATION: C-spine surgery 6/12/2017.

TECHNIQUE: AP, lateral, flexion and extension views of the cervical spine.

COMPARISON: Cervical spine x-rays 7/24/2017.

FINDINGS:

There is anterior cervical spinal fixation and interbody fusion from C4-C7. The hardware is intact and appears appropriately positioned. There is straightening of the normal cervical lordosis. There is no maialignment there is no subluxation on flexion or extension. The native vertebral body heights are maintained. The facets are preserved. The spinous processes are intact. There is no prevertebral soft tissue swelling.

IMPRESSION:

ACDF C4-C7 without evidence of hardware complication.

Thank you for referring your patient to RDC EUREKA Dictating Radiologist: Swanger, Ronald, MD 9/5/2017 1:25 PM

Transcribed by: SC 9/5/2017 1:27 PM

Electronically Signed by: Swanger, Ronald, MD 9/5/2017 2:42 PM

Washoe

Received

SEP 06 2017

COMST-Reno

Copies of this report and DICOM exam images may be available to participating Nevada Health Information Exchange members for a minimum of 12 months, based on the patient's health information access preferences.

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissensination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you!

Printed: 09-06-2017 10:20 AM

Kline, Kimberly (Exam: 08-05-2017 1:00 PM)

Page 1 of 1

_AA 1549

Sep. 8. 2017 3:26PM

19. 0803 - 2837

09-05-17 10:06am

Patient Information	
Account #: 0026102075	
Name: Kline, Kimberly Injury #: 002 Dx: M48 02 Spine 5: (108) carvical e	
Payor Code: A0028 Payor Name: CCMSI Financial Class. WCQMP	_
Appointment Detail 1:30 1:30	
Discipline: PT # Visits Prior To Today: 7 of 8	
Date: 09 05 17 Total Time Based Time; 60 Total Trentment Time 60	
ubjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 1/, = Aurat pain)	
Aut cont towards the end by the da	4
Us to your bork	,
bjective Data/Tests: See Initial Evaluation (Include objective and functional tests specific to patients condition)	—-
colment Drowled Acar Slew Shoot for One thin Torbelance Internal Control of the C	
estment Provided See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training	
NUAL THERAP X 10 min to Decrease pain/restriction [] Facilitate heating [] Improve julissum mobility [], Restore tissue had been consent Obtained. Tissue/Julifactnique:	tion
ERAPEUTIC ACTIVITIES xmin to [] increase/improve abilities [] independence in functional tasks and activities	
EUROMUSCULAR RE-ED x 15 min to improve balance coordination kinesthetic sense prosture proprioception function	skill
SERAPEUTIC EXERCISE x 15 min to increase Serrength prange of motion sexibility pendurance	
ELF CARE/HOME MCT TRAINING xmin toincrease/improve abilitiesindependence in ADLsimprove safety/joint pro.:clioi] improve postural control during ADLsOther (Specify);	ı
NT TRAINING xmin to 🔲 improve safety 问 increase independence 🔲 restore normal gait 🔲 correct or minimize gait deviations	
HER PROCEDURE x min Specific	
ROUP THERAP) (untimed code) xmin forTher. ExerNeuromuscular ReedTher Act] Aquatic TherapyOther our Session incl. ded: 1 2 3 4 others (circle)	- :ive
crapeutic Modaliles SEP 1	8 21
re: Mil Setting(s): x 10 min to Cl 6	8
Setting(s):xmin. (o	
tionaled Decrease pain/restriction/space Improve tissue extansibility Decrease Education Decrease Effusion I'm nove tessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)	nobilit
Olo mucculature cont to be very tigit.	
Did Dever & strengthening teday- Pid	
Λ	
etment Plan: Progress per treatment clear Re-Fysicate Undistributed Young Progress	
palment Plan: Frogress per trastment plan Re-Evaluate Update/Revised Yome Program	
wider(s) Sighal ire. Provider hame(s) Printed License # Date	17

9/6/2017 2:26:15 PM

SIERRA NEUROSURGERY GROUP NEURO + 75 PRINGLE WAY, RENO NV 89502 1475

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)
This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:439017-H-13729]

Patient Demographics			
Patient	Kline, Kimberly M (#147855)		
Address	1617 Mountain Ln Reno, NV 89521		
	H: (775) 815-5790 M: (775) 815-5790		
	Primary Care Provider: JENNIFER M LEARY APN: 645 N ARUNGTON AVE STE 600, RENO, NV 89503, Ph (775) 322-3393, Fax (775) 322-3385 NP: 1609160316 Insurance Adjuster (Worker's Comp): USA JONES: Ph (775) 324-9891, Fax (775) 324-9893		

Encounter Date	09/06/2017			
Chief Complaint	1. 12 weeks status post C4-C7 ACDF.			
History of Present lilness	Kim Kline presents today for review. Again prior to surgery, she was involved in a work-related injury with a motor vehicle accident. Since that time, she has been struggling with neck pain and left arm pain and numbness.			s involved in a she has been
	Today, she presents to be much improved. The manageable. She also having the shooting pa is helping. She also bel is very pleased with he	left hand neck pair ne PT whic	d but it is very pains. She is not hich she believes	
Past Medical History	Reviewed Past Medical History			
Past Surgical History	Reviewed Surgical Histo 1. Ankie sprain with surg 2. Cholecystectomy			
Medications	Reviewed Medication	is		
	PROzac 40 mg cap Take 1 capsule(s) ev	sule ery day by oral route.	04/03/17	entered
	Robaxin-750 750 n Take 1 tablet(s) ever	ng tablet y 4 hours by oral route.	09/06/17	prescribed
	traMADol 50 mg to Take 1 tablet(s) EVER pain.	ablet IY 4-6 HOURS by oral route, prn	04/25/17	prescribed
Allergies	Reviewed Allergies	microsoft (#2) emilion (#1) - minimicrosoft emilion (#1) minimicrosoft emilion (#1)		
	NKDA			Danel
Social History	Reviewed Social History Smoking Status: Never s Advance directive: N			SEP 0 6 201
Family History	Reviewed Family Histor			COMST-Rend
	g ·	ily history of cancer (onset age: 65	5)	61.646

SIERRA NEUROSURGERY GROUP_NEURO

Kline, Kimberly M (ID: 147855), DOB: 10/07/1979

Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient is medications were reviewed at the time of the visit, also the patient is smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.
Patient is a 37-year-old female. On physical exam, the wound is clean, dry, and intact. There is no evidence of infection.
Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact.
DTRs are equivalent and normal bilaterally.
N/A
None recorded
Imaging: Updated x-rays from RDC show C4-C7 instrumentation that is well aligned without evidence of loosening or failure. There is no instability on dynamic images. Impression 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. 1. Spinal stenosis in cervical region
Retum to Office None recorded

Electronically Signed by; CURT ERICKSON, PAC, PA-C 09/06/2017 11:22 AM

Received

SEP 06 2017

COMST-Renc

Sep. 8. 2017 3:40PM

No. 9304 P. 2/12

09-07-17 11:57am

	REATMENT EN	icounter no	TE	
Patient Information			_	
Account #: 0026102075	Co - Pay:	OR	Co - Insurance:	
Name: Kline, Kimberly	Injury #: 002		MAR 02 Spins	El stenosis, cervical m
Payor Code: A0028	Payor Name: CCMSI		Financial Cie	ss: WCOMP
Appointment Detail			2105	310 6
Discipline: PT	# Visits Prior To Today: 8 of 8		_	
Date: 09 07 17	Total Time Based Tinte:60	Total Treatment Time	. 40	
Subjective: (Patient Self Report	Functional Changes)	Fain Level	(0= no Pain 10) ≈ worst pain)
	week is not	as tired	= tati	no unhatt
	weeth is not as worth. How	tativ prese	مريد أهم أحمدا	A of the day.
bjective Data/Tests: See Infl	tial Evaluation (include objective and function	onal lesis specific to pat	ients condition)	10.
14				
^				
restment Provided: See Flo	w Shaet for Specific Techniques, Intervention	ns, Exercises, Activities	and/or Training	77. 202
				
IANUAL THERAPY x 12 min	to Decrease pain/restriction Facilita	te healing [] Umprove j	Vissue mobility [Rest-xe tissue function
1	min to [] increase/improve abilities []	,		
	5 mln to Improve Dalance Coordinate		\sim	/)
ability 🔲 desensitization	^		^ -	Poste Advisor D. Justin out.
HERAPEUTIC EXERCISE x 2	min to increase Netrength range of	motion [ftexibility [endurance	
	1	-		e salety/joint protection
improve postural control duri	fING xmin to ☐increase/improve ab ng ADLs ☐ Cther (Specify):			
AIT TRAINING xmin to	improve safety Increase Independent	te 🔲 restore normal gai	t 🔲 correct or mlr	nimiza gait deviations
THER PROCEDURE X	nin: Specify			
ROUP THERAPY (untimed coordinate) 1 2 3	de) xmin forTher, ExerNeuro 3 4 others (circle)	muscular Reed Ther	Act 🔲 Aquatic Th	erapy 🗍 Other
<u> </u>				
nerapeutic Modalities ype:Se	Hing(s):	x 10 min. to	de	
- TO -		xmin. to		
7.7	riction/spassn Dimprove tissue extensibility	To Encilitate healthofey	awiea Daccaei	Effection (Via Jones mahility
sessment (Response to Treati	ment, Goal Atlejhment, Objective Progression	on, Justification for Cont	nuing Services)	Chuston Law Move (Income)
		م اسم		مه، رود ماظ
	whented	tone of a	,	Received
^	te-4	in a storing	etre rung -	1.0002100
(*)				SEP 1 8 2017
ealment Plan: Trogress per	treatment plan Re-Evaluate Update/	Revised Home Program		
1				CCMSI-Renc
:	Va.			
ovider(s) Signature	Provider Name(s) Pr	inted rawles	License # 0	Dalc - 1 F
Will_Call	who start tomar	rea lowle	1 2147	1417

Sep. 14. 2017 11:04AM

14. 3331 32837

09-12-1⁻⁷ 09:39am

	1146411116141	NCOUNTER NOT		
Patient Informs tion				
Account # 0026 02075	Co - Pay	OR OR	Co - Insurance:	
Name: Kline, KI aberly	Injury #: 002	Dx	MAR 02 Spinal :: isno 1.1 cervica	10
Payor Code: ADD 28	Payor Name: CCMSI		Financial Class: WC DMP	_
Appointment Detail		1110	2:25	
Discipline PT	# Visits Prior To Today: 9 of 10	5		
Date: 09 12 17	Total Time Based Time: 66	_ Total Treatment Time:	65	
ubjective: (Petlent Self Report/F		Pain Level		
	Tight the to	clo. Had x -	rays last but	
	- bastume	lacks ased	· Craw me low y	-
		•		
bjective Data/Tests: See initi	al Evaluation (Include objective and func	fional less spacific to patle	nts condition)	+ 401
· 			CONTRACT OF THE PERSON OF THE	S (5)
restment Provided: VSee Flow	v Sheat for Specific Techniques, Intervent	tions, Exercises, Activities s	ind/or Training	
MNIAL THERAPY x 16 min	to Decrease pain/restriction Facili issue/Jt/Technique:	tate healing Mmprove jt/:	issue mobility [] Rastore tissue	inction
	min to [] increase/improve abilities [
	5_min to improve balance coordin	_	\wedge	tar abill
tability desensitization	- Itali to introve Deserve Coordin	anou Munasaratic seuse	Libo≱rois () brobi ocelis ou (\(\) u	-lor skill
HERAPEUTIC EXERCISE x 1	Zrnin to increase Defrength Trange	of motion [7] flexibility [7]) Idurance	
	ING xmin to increase/improva a			lian
improve postural control during		ionites [Independence in	MDC3 Chulchove streth City brok	JIOII
AIT TRAINING xmir. to	improve safety increase independe	nce I restore normal gail	correct or minimize gais deviati	15
THER PROCEDURE x m		_		
		enemies Band That A	Agustia Tharabu C 1 Other	
roup Session Included: 1 2 3	le) xmin forTher. ExerNeu i 4 others (circle)	roniusculai Aeed 1111ei A	CILL) Aduatic Therapy (1) Other	
herapoutic Modalities	3.970			
/t-e: Sel	(Ung(s):	xmin, to		
/pe: Sei	lling(s):	xmin, to		
alionale: Dacrease pain/restr	iction/spasm Cimprove tissue extensibili	ity 🗆 Facilitate healing/exe	rcise Decrease E'fusi r D Imp	we mobility
Totale	and Cool Stinisment Objective Deserves	sion, Justification for Contin	uing Services)	
eserement (Kesponse to Trasti	BELLE GOST VITSURUEUT, ORISCUAS LIGGISSI		1 2/6	
esessment (Kesponse to Treati	pt con	ti org hyper	tonscity of 215	•
szessment (Mesponse to Traztr	pt com	ti org hyper lature Did	were a sterente	me,
ssessment (Hesponse to Trazir	pt con music v	ti sty hyper lature pid	were a structure	
ssessment (Response to Trazir	pt con	ti sig huper lature pid	tourcity of 315 will a shrewhe	
	pt com musc v Insertment plan Re-Evaluate Updat		tonocity of 315 will a sherewhere Recei	lved
	pt con		tonocity of 313 will a sherewhe Recei	ived 2017
	pt con		tonocity of 315 will a sherewhere Recei	ived 2017

10. 1994 2₁₂₈₃₇

09-14-17 09:39am

	IREATMENT	rencounter no) IE
Patient Information			
Account #: 002-102075	Co - Pay	OR OR	Co - Insurance:
Name: Kline, Kimberly	Injury #: 002	Ox.	M68.02 Spinel signosis, cervicelite
Payor Code: A0028	Payor Name: CCMSt		Financial Class. <u>VVCOMP</u>
Appointment Detail		た`•00	2:55
Discipline: PT	# Visits Prior To Today: 10 0	(<u>16</u>	
Date: 09 14 17	Total Time Based Time:	5 Total Treatment Tim	18: 515
ubjective: (Patient Self Report/	unctional Changes)	Pain Level	(0= no Pain 10 = worst pain)
realment Provided See Flor ANTIBAL THERAPY X 10 min Serbal Consent Obtained. HERAPEUTIC ACTIVITIES X IEUROMUSCULAR RE-ED X Iabilly Gesensibzation HERAPEUTIC EXERCISE X IELF CARE/HOME MGT TRAIN Improve postural control duri	The do Improved al Evaluation (include objective and Cl > Afroym v Shaet for \$\forall editic Techniques. Into to Decrease pain/restriction F issue; If the increase fimprove ability In n to in preve balance could min to in these Buttength ra ling x Into Dincrease fimpro to Dither (Specify):	mobility functional tests specific to pa functional tests specific to pa 120 120 120 120 120 120 120 12	See L 15 UE mustom See L 15 De mustom See L 15
		Titalité Ofeathar verillai de	County of the training daily designs to
Group Session Included: 1 2	de) xnin for 🏻 Ther. Exer 🗀	Neuromuscular Fined The	Received
herapeutic Modalities ype:Se	Hing(3):	xmir. to	SEP 2 0 2UIY
	etting(3):		
tationale: Decrease pain/rest		naibility 🗆 Facilitate healing/e	exercise Decrease Effusion D Impr. ve mobility
	of as 8 cs	moneulation.	of cls. Contil typertonics Contid 3 sensorion
	treatnist t plunRe-Evaluate U	Cont PT	24 for Cemen
rovider(s) Signature	Ju pripri Provide Namo	e(s) Printed	License 2 Oate 11 17

Sep. 20. 2017 1:19PM





UPDATED PLAN OF CARE For outpatient rehabilitation

PATIENT: Kimberly Kline

DOB; 10/07/79

REFERRING PHYSICIAN: Lali Sekhon, M.D.

THERAPIST: Amanda Cowles, P.T., D.P.T.

DIAGNOSIS: Status post cervical spine ACDF at C4 through C7.

DATE OF SURGERY: 06/12/17

START OF CARE DATE: 08/10/17

DATE OF REEVALUATION: 09/14/17

TOTAL VISITS: 11

RECOMMENDED ADDITIONAL VISITS: 12

Evaluation of Progress: Patient is making good progress with physical therapy. She does however continue with significant myofascial tightness throughout her cervical spine. She reports her neck feels approximately 50% improved. She does continue with headaches daily with increased intensity towards the end of the day. She is presenting with improved mobility. She has continued numbness at her thumb and down her arm on the left side.

Patient Problems:

- Cervical spine AROM. Flexion = 40°, extension = 30°, rotation left = 55°, rotation right = 70°, side bend left = 15°, side bend right = 20°
- Cervical spine myotome strength is 5/5.
- Patient continues with decreased dermatome sensation at C5 on the left.
- 4. Neck Index is improved from 40% to 28%.

Were previous goals met? Short-term goals have been met and patient is progressing towards long-term goals.

Updated plan of treatment: Continuation of manual treatment to decrease pain and improve mobility, progression of a therepeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular reeducation activities to postural stabilizers, patient education including posture and body mechanics education, modalities including moist heat and ice and progression of a home exercise program as appropriate. Received

Short term goals: Patient will report 50% improvement in headache frequency in 2-4 weeks.

SEP 2 0 2017

Long term goals:

Patient will improve her Neck Index to < 10 in 6-8 weeks.

Patient will be able to complete a work day with 90% improvement in pain and headache frequency in 6-8 weeks.

3. Patient will be able to resume performing laundry and grocery shopping with no difficulty in 6-8 weeks. Patient will be able to sleep 6-8 hours without waking from cervical spine pain in 6-8 weeks.

Goals discussed with patient? Yes Rehabilitation potential is: Good.

Patient informed of Diagnosis/Prognosis? Yes. Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature:	Date: 9/14/17
Referring Physician's signature:	Date:

SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1199 • F: 775.331.1180

NORTHWEST RENO • 1610 Robb Drive, Suite D5 • Reno, NV 89523 • T: 775,746,9222 • F: 775,746,9224 SOUTH REND • 734 South Meadows Pkwy., Suite 101 • Reno, NV 89521 • T: 775.853.9966 • F: 775.853.9969

FAX0775 65No. 1069 P 22.001/001

^LSep. 20. 2017⁹ 1:18PM

Sep. 19. 2017 1:18PM



UPDATED PLAN OF CARE For outpatient rehabilitation

PATIENT: Kimberly Kline

DOB: 10/07/79

REFERRING PHYSICIAN: Lall Sekhon, M.D.

THERAPIST: Amenda Cowles, P.T., D.P.T.

DIAGNOSIS: Status post carvigal epine ACDF at C4 through C7,

DATE OF SURGERY: 08/12/17

START OF CARE DATS: 08/10/17

DATE OF REEVALUATION: 09/14/17

RECOMMENDED ADDITIONAL VISITS: 12

TOTAL VISITS: 11

Evaluation of Progress: Petient is making good progress with physical therapy. She does however continue with significant myofancial lightness throughout her cervical spine. She reports her neck feets approximately 50% improved. She does continue with headaches daily with increased intensity towards the end of the day. She is presenting with improved mobility. She has continued numbrass at her thumb and down her arm on the left side.

<u>Patient Problems:</u>

1. Cervical spine AROM: Flexion = 40°, extension = 30°, rotation telt = 55°, rotation right = 70°, side band left = 15°, side bend right = 20°

Carvical apina myotome strength is 6/6.

Patient continues with decreased dermatoms sensation at C5 on the left.

Neck Index is improved from 40% to 28%.

Were provious goals mat? Short-term goals have been met and patient is progressing towards long-term goals.

Undated plan of treatment. Continuation of menual treatment to decrease pain and improve mobility, propression of a therapeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular recruiton activities to postural stabilizers, patient education including posture and body mechanics education, modellites including moist heat and ice and progression of a home exercise program as appropriate.

Short term quality Pattern will report 50% Improvement in headeche frequency in 2-4 weeks.

Long term goals:

Patient will improve her Nack Index to < 10 in 6-8 weeks.

Patient will be able to complete a work day with 90% improvement in pain and headsche frequency in 6-8 weeks.

Patient will be able to resume performing laundry and grocery shopping with no difficulty in 6-8 weeks. Patient will be able to sleep 6-8 hours without waiding from coryloal spine pain in 6-8 weeks.

Goals discussed with patient? Yes Rehabilitation potential is: Good.

Patient informed of Diagnosis/Prognosis? Yes. Frequency/Duration: 2x/week for 8 weeks.

I have reviewed this plan of care and recently a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapial eignature:

yecsined

Referring Physician's signature:

T: radmt.com/CL/MV

SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T; 775,331,1199 • F: 775,331,1180

NORTHWEST RENO • 1610 Robb Drive, Suite D5 • Reno, NV 89523 • T; 775,746,9222 • F; 776.746,9224

SOUTH RENO • 734 South Meadows Plody., Suits 101 • Reno, NV 89521 • T: 775.853.9966 • F: 775.853.9969

REVIEWED

By SHMCO at 2:08 pm, Sep 20, 2017

Sep. 25. 2017 9: 5AM

45. 1157 F. 2 12837 09-21-7 09:45am

TREATMENT ENCOUNTER NOTE

Patient Information				
Account #: 0026102075	Co - Pay:		Co Insurance:	
Name: Kline, Kimberly	Injury #: 002		M68.02 Spinal steno	
Payor Code: A0028	Payor Name: CCMSI		Financial Class. W	
Appointment Detail		9:30 -1	0.25	
Discipline: PT	#Visits Prior To Today: 17 of 2			
Date: 09 21 17	Total Time Based Time:55_	Total Treatment Time	: 55	
iubjective: (Palient Self Report/Fu	Cle 18 Sow H	Pain Level	(0= no Pain 10 = wors	i pain)
Uset 41 C	Evaluation (Include objective and fund omp charted constit out	٠	ents concition) , we seed the P In when	u onecta
realment Provided See Flow	Sheet for Specific Techniques, Interven	lions, Exercises, Activities	and/or Training	
ANUAL THERAPY x 10 min to Verbal Consent Obtained. Tis	Decrease pain/restriction Facil	itale healing Timprove ju	tissua mobility 📋 Resid	re tissue function
HERAPEUTIC ACTIVITIES >	_min to increase/improve abilities [independence in function	nal tasks and activities	
ability desensitization	min to improve belance coordin min to increase trength frenge	() (- γ	ction (tradtor skill
ELF CARE/HOME MGT TRAININ improve postural control during	G xniln toincrease/imp ove : ADLsOrner (Specify)	abilit es ndependence in	ADLs in prove safet//	joint protection
AIT TRAINING xmin :o [improva sataty [] increase independe	r.ce []restore normal gait	correct or minimize g	ail deviations
THER PROCEDURE x min	Specify	······································		
ROUP THERAPY (untimed code) roup Session included: 1 2 3 4	xmin for Ther. Exer Neu others (circle)	romuscular Reed []Ther A	ct[] Aquatic Therapy [] Olher
serapeutic Modalines perSettir	ig(s):	xmin, to		
pe:Settin	g(a ::			
ilionale: Decrease paln/restricti	on/spasm Climprove tissue extensibili	ity [] Facilitate healing/exe	rcise Decrease Effosio	n 🗆 Improve mebili
sassment (Response to Treatme	nt. Goal Atteinment, Objective Progress	sion, Justification for Contin	uing Services)	
	benefit from PT			ness itented
satment Plan: Progress per trea	stmant plan Re-Evaluate Update	a/Revisec Forne Program		SEP 2 7
1	Dlc to	^		CCMSI-Ren
ovider(s) Signature,	Provider Name(s) I	Printed	Licerae V	Date
Jul Cand	LA PTOPT STYLAND	a Coules_	249	9/24/17

Received: 11/22/2017

p.2

Nov 21 17, 04:20p



Russell N. Anderson, DC 290 SE Court Street Prineville, OR 97754 (541) 903-1444 (541) 362-4090-FAX

PERMANENT PARTIAL DISABILITY EVALUATION

Claimant: Kimberly Kline Claim #: 15853E839641

CCMST

Lisa Jones-Claims Representative

Date of Injury: 06\25\2015

Date of Evaluation: November 10th, 2017

Kimberly Kline presented to my Reno Office for a formal PPD evaluation on Friday, November 10th, 2017 at 8:30 AM. The insurance company approved the evaluation of her cervical spine.

Treatment History

5\11\2015: Brett Men-Muir, MD: She is here for BL lower back pain. This is not work related. She has been complaining of LBP for several months. It was exacerbated last month. It is 8\10 in severity. She takes diclofenac, Zoloft, and ibuprofen. A history of depression. X-rays show L4-5 disc DJD. DX: discogenic back pain. Plan: PT and voltaren.

6\25\2015: Richard Law, MD: Moderate pain in the upper lumbar spine, mid lumbar, and lower lumbar spine; radiates to the right thigh and left thigh. She had similar symptoms recently; had an MRI 1 month ago; hx of herniated disc at 13-4 and 14-5. She has had previous chronic LBP; intervertebral disc disease. Her meds include Zoloft. Exam show tenderness in the lumbar spine. Impression: acute lumbar radiculopathy, lumbar sprain, and acute lumbar pain. Plan: ice, limited activity, flexeril, norco, prednisone, follow up.

06\25\2015: This is a C-4 form that states "I was rear-ended". The claimant was seen at St. Mary's regional Medical Center ER. Her initial DX was acute lumbar sprain; MVA".

6\30\2015: Scott Hall, MD: She presents for her back after a (2nd) MVA on 6\25\15. She now reports: neck pain, lumbar and thoracic pain. Assessment: neck and back sprain. Plan: chiropractic care, full duty work, return in 2 weeks.

7\14\2015: Scott Hall, MD: She continues with neck and back issues. Plan: PT, full duty, conservative treatment.

8\20\2015: Scott Hall, MD: Her neck has improved and she describes only muscular tightness that is mild. She has no arm symptoms; PT has been helpful. Plan: complete her PT and monitor.

8\26\2015: Custom PT: She had a PT re-eval today; 12 more visits are recommended over the next 4 weeks.

9\23\2015: Scott Hall, MD: She reports improving NP; a 3\10. She is getting PT.

10\28|\2015: Scott Hall, MD: Her neck has improved; no current significant symptoms Reded Ved arm symptoms.

NOV 2 2 2017

Received: 11/22/2017 p.3

Nov 21 17, 04:20p

PAGE 2: Kim Kline continued

1\3\2016: MRI of the C-Spine: Impression: Disc degeneration with large protrusions at C5-6 and at C6-7; this results in complete effacement of the CSF from the dorsal and the ventral aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity to suggest cord edema or myelomalacia.

1\13\2016: Bryan Hansen, MS DC (Leading Edge Chiropractic): She presents with NP with associated weakness and numbness. Her symptoms started 7 days ago, but there is "high likelihood that her symptoms are related to the MVA she recently sustained". She was released from care for that several weeks ago. Her DX is disc displacement. Plan: cold pack to the neck; spinal decompression; E-stim; laser therapy.

1\14\2016: She reports symptoms of numbness and weakness. She was treated again with cold, decompression table, E-stim, and laser.

1\15\2015: She states NP, numbness, and weakness; same treatment.

01\18\2016: The notes are about the same today.

01\19\2016: Decompression treatment and therapies.

1\20\2016: She continues with chiropractic treatment.

1\21\2016: Nothing new.

1\25\2016: Same notes and treatment.

01\27\1016: A re-exam was done today. Continue treatment plan. There were further chiropractic, traction, and therapy modalities on: 1\28\16, 2\1\16, 2\2\16, 2\5\16, 2\8\16, 2\10\16, 2\12\16, 2\16\16, 2\19\16, 2\24\16, 3\16\2016: She has completed the 20 visits of prescribed treatment; non-surgical spinal decompression to address the C6-7 and C5-6 radiculitis to the left. She has improved greatly and has only mild pain in the left UE. She is to do HEP.

3\16\3016: Scott Hall, MD: There was no evidence of neurologic involvement after the MVA. She responded to conservative care with resolution of her symptoms. The new onset of quite severe symptoms started spontaneously and it is uncertain if there is any relation to the industrial injury. She had sought treatment from an orthopedist prior to the WC injury. All indication are that the claimant had completely recovered from the industrial injury by the end of October, 2015.

4\28\2016: Bryan Hansen, DC: She presents with NP, weakness, and numbness. She is to do HEP.

7\\$\2016: Lali Sekhon, MD: Her CC is NP, stiffness, and left arm numbness and pain. She previously had neck and back issues that were manageable in the past until she was in the car accident in June, 2015. There were actually 2 accidents. She had physical therapy and chiropractic treatments. She had an epidural that really did not help. She rates her NP, HA and pressure feeling in the neck as 5\10 in severity. The left arm symptoms are in a C6 distribution. Her right arm is OK. She feels that she has plateaued. Assessment: cervicalgia, cervical spine stenosis, C4-5 spondylolisthesis, failed conservative therapy, minimal spondylosis at L3-4 to L5-S1. She has cord compression and weakness; Dr. Sekhon thinks that it is reasonable to offer her surgery; the accident probably exacerbated her underlying stenosis. She was offered C4-5 to C6-7 decompression and fusion.

NOV 2 2 2017

Page 3: Kim Kline continued

4\3\2017: Kurt Erickson, PA-C: Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following a C6 distribution. The left arm symptoms are rated as 9\10. She has trouble sleeping. The intensity is about the same as last July. She has cervical spondylosis with cord pressure at C5-6 and C6-7. She has failed conservative treatment. It is reasonable to offer her surgery. The plan is to repeat C-spine MRI and X-rays.

4\21\2017: C-Spine MRI: Impression: Moderate disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

C-Spine X-rays: Impression: mild disc narrowing and facet degenerative changes of the lower C-spine; development of retrolisthesis of 2mm, C4 on C5 and 1mm retro of C6 on C7 on extension of the C-spine.

4\25\2017: Lali Sekhon, MD: Her arm is worse. Her options were discussed, she wants surgery.

6\8\2017: Lali Sekhon, MD: She returns for review and all of her questions were answered. She again requests surgery.

6\12\2017: Lali Sekhon, MD: Operative Report: Procedures: C4-5, C5-6, and C6-7 anterior cervical decompression, interbody fusion using interbody cages and bone graft substitute; C4-C7 anterior fixation using a cervical locking plate. The X-ray shows "anterior cervical fusion and placement of disc devices"

6\26\2017: Curt Erickson, PA-C: She still has achiness in her neck; the left arm symptoms have improved. Follow in 4 weeks.

7\26\2017: Curt Erickson, PA-C (For Dr. Sekhon): The X-rays show no instability. She has ongoing numbness in the left hand and forearm; not as bad as before.

8\10\2017: Amanda Cowles, PT (Custom PT): She is having some trouble with ADLs. She can flex to 25 degrees, extend to 20, left bending to 20, right bending to 25, rotation to 60. She had about 7 PT follow ups. On the 9\14\17 visit, Kim could flex to 40, extend to 30, left rotation 55, right rotation 70, left bending 15, right bending to 20.

9\5\2017: Curt Erickson, PA-C: Her symptoms are much improved; there is slight numbness in her left hand; very manageable. She has occasional neck pain. She believes the PT is helping. Cervical spine X-rays today show fusion from C4 to C7 with no evidence of hardware complications.

9\11\2017: Dr. Sekhon fills out a questionnaire from Specialty Health. He says the claimant is stable and reached maximum medical improvement. She is released to full duty. Her restrictions are "common sense". She is ratable.

The above represents all of the medical records that were presented for my review.

PAST MEDICAL HISTORY

Prior to this work related injury\accident, Kimberly has previously received some chiropractic care. She tells me that this was mostly for lower back pain. She would get her neck (C-spine) Received

NOV 2 2 2017

Received 11/22/2017 p.5

Nov 21 17, 04:21p

adjusted sometimes, but denies any significant prior neck pain, disability, or radiation upper Page 4 (Kimberly Kline cont)

extremity symptoms. She was treating in the months before this accident (2015) for LBP that was not work related. Ms. Kline previously used Zoloft for depression. She denies any current prescription medications. She currently takes OTC Advil.

Ms. Kline previously suffered a work-related right wrist injury and right shoulder injury. She did not receive impairment ratings for this. Her surgical history includes an ankle surgery to reattach tendons.

CURRENT SYMPTOMS

Currently, Ms. Kline has a chief complaint of frequent, daily headaches and limited mobility in her neck. She complains particularly of limitations with looking up to either side. She is also complaining of numbness in the left wrist and hand effecting the ring and little fingers in a C6 and\or ulnar nerve pattern.

Kim is having some difficulty with looking up to rinse in the shower. When driving, it is difficult for her to look into the back seat or behind her. Her neck seems to get tired quickly when driving and when working on the computer. Her neck gets tired when reading.

Physical Examination

Cervical Spine

Inspection reveals no cervical antalgia. She is in no distress. I observe a surgical scar on the anterior\left cervical region. It measures 7.2 CM.

Palpating the cervical spine soft tissue structures, I find the right splenius to by hypertonic. The right SCM muscle is tight and tender.

Passive motion of the cervical spine is noticeably limited on right rotation. There is a tight end-feel.

Measuring the muscle girth of the forearms, I find the right forearm to be 26.6 CM at the area of greatest circumference. The left forearm measures 25.2 CM.

The claimant performed a brief warm-up of cervical spine motions, after which we measured active ranges of motion using dual inclinometers. The claimant did appear to give her best effort on all ROM measurements.

Cervical Spine Active Ranges of Motion

Received

Flexion: Calvarium: 1. 48 2. 48 3. 46

NOV 2 2 2017

Received: 11/22/2017 p.6

Nov 21 17, 04:21p

PAGE 5 (KIMBERLY KLINE)

T1: 1. 8 2. 4 3. 8

Max ROM = 48-4= 44 degrees (1% WPI)

Extension: Calvarium; 1, 38 2, 38 3, 38

T1: 1. 8 2. 10 3. 8

Max ROM = 38-8= 30 degrees (3% WPI)

Right Bending: Head: 1. 38 2. 40 3. 44 4. 40

T1: 1. 4 2. 6 3. 6

Max ROM = 44-6= 38 degrees (no impairment)

Left Bending: Calvarium: 1.38 2, 36 3, 36

T1: 1. 4 2 3. 4

Max ROM = 38-4= 34 degrees (1% WPI)

Right Rotation: 1, 64 2 64 3 62

Max ROM = 64 degrees (1% WPI)

Left Rotation: 1. 56 2. 58 3. 58

Max ROM = 56 degrees (1% PWI)

Whole person impairments from motion loss at various cervical spine motions are added: 1+3+1+1+1= 7% WPI from motion loss in the cervical spine.

I can elicit equal, +2 deep tendon reflexes at Right and Left biceps, brachioradialis, and triceps.

The claimant can demonstrate 5\5 strength, equal bilaterally at shoulder, elbow, wrist, and fingers.

She has some decreased sensibility to light touch over the C6 dermatome on the left. This includes partial loss of 2 point discrimination over the palmar left right and little fingers (2 point sense at 9mm). This is grade 3 sensory loss, 25% sensory deficit of the C6 nerve root (Table 15-15); we multiply this to the maximum upper extremity impairment for sensory loss at C6 (8%, Table 15-17) and we get 2% left upper extremity impairment, 1% WP!.

Impairment Calculation

If we are to use the diagnosis related estimate in this case (due to multi-level involvement and multilevel fusion), then; using Table 15-7, part IV, Ms. Kline has 10% WPI from spinal fusion with residual signs and symptoms. We add 1% for each additional level (2 additional) to get 12% whole person impairment from Specific Spine Disorder

As described above, this claimant has a cumulative total of 7% whole person impairment from motion loss in the cervical spine.

She has 1% WPI for sensory loss coming from the C6 nerve root.

Combining 12% with 7%, we get 18%; this is then combined with 1% to get a total of 19% whole person impairment from the cervical spine.

Received

NOV 2 2 2017

Received: 11/22/2017 Nov 21 17, 04:21p

PAGE ((KIMBERLY KLIME)

Using the DRE method, this claimant would be easily placed in Cervical Spine DRE category IV due to loss of motion segment integrity. This is 25% impairment of the whole person and this method should be used since it results in a higher rating (AMA Guides, 5th Edition, page 380).

MMI AND MEDICAL STABILITY

The claimant has reached a stable plateau of medical improvement. Her condition has not changed over the last 45 days. Her condition is not likely to change significantly over the next 12 months with or without treatment

She has reached maximum medical improvement.

APPORTIONMENT

The claimant had underlying cervical spine issues that pre-date this work related car accident and injury. Namely, the MRI and radiographic reports show cervical spine degenerative discs with large protrusions at C5-6, C6-7; effacement of the CSF, and severe canal stenosis (MRI of 1\3\2016). It is not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier.

This claimant's 25% whole person impairment is based upon the surgery that was performed. The surgery was performed due to cervical spine spondylosis, stenosis, and cord pressure at C4-5 to C6-7.

75% of this claimant's whole person impairment (cervical spine) is apportioned as non-industrial

25% of her impairment is industrial and related to the work injury that occurred on 6\25\2015 because:

- The claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6\30\2015). After that, the cervical strain could be described as slight.
- The findings of cervical spine spondylosis, stenosis, and disc bulges cannot be logically attributable to this car accident\work injury. These findings provided the indication for fusion surgery in the cervical spine.
- The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December, 2015. She had no upper extremity symptoms at the time of release from care.

On the other hand, the claimant denies any prior upper extremity symptoms (radiculopathy) before this injury. This work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.

Received

NOV 2 2 2017

Nov 21 17, 04:21p

PAGE 7 (KIMBERLY KLIWE)

So, apportioning 75% of this claimant's impairment as non-industrial, we take 25% of this claimant's whole person impairment (which was 25% WPI), and we get 6% WPI related to this work injury (that occurred on 6\25\2015).

PERMANENT IMPAIRMENT SUMMARY

The claimant has 25% whole person impairment coming from the cervical spine. Of this , 6% WPI is related to the work related injury that occurred on 6\25\2015.

This is reasonable, should be awarded, and case closure should occur.

Russell N. Anderson, DC

Respectfully,

Received

NOV 2 2 2017

JAMES C. JEMPSA, DO

Reno, Nevada

Telephone:

775-786-9072

Fax:

775-787-6430

Lisa Jones CCMSI PO Box 20068 Reno, NV 89515

Telephone: 775-324-3301 Fax: 775-324-9893

PERMANENT PARTIAL DISABILITY EVALUATION ADDENDUM

RE:

CLAIMANT:

Kimberly Kline

SSN:

CLAIM NO.:

15853E839641 06/25/2015

DOI: EMPLOYER: DATE OF EXAM:

City of Reno 05/08/2018

DATE OF REPORT: BODY PARTS: 05/18/2018 1. Cervical.

In regards to your letter dated May 15, 2018. You will need to contact Dr. Anderson concerning his rationale for apportionment of Ms. Kline. I will provide you my opinion as far as apportionment is concerned with Ms. Kline. The claimant stated that she had no problems with her neck prior to her industrial injury of June 25, 2015. I have not received any medical records prior to the industrial injury of June 25, 2015. In accordance with NAC 616C.490 it is my opinion that apportionment is not necessary in this case. Therefore, 0% whole person impairment for apportionment. I recommend that the case should be closed with 27% whole person impairment for her cervical spine.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

....

CONST Rena

Received: 05/25/2018

JAMES C. JEMPSA, DO

Reno, Nevada

Telephone:

775-786-9072

Fax:

775-787-6430

Lisa Jones **CCMSI** PO Box 20068 Reno, NV 89515

Telephone: 775-324-3301

Fax: 775-324-9893

PERMANENT PARTIAL DISABILITY EVALUATION

RE:

CLAIMANT:

Kimberly Kline

SSN:

CLAIM NO .:

15853E839641

DOI:

06/25/2015 City of Reno

EMPLOYER: DATE OF EXAM:

05/08/2018

DATE OF REPORT:

05/14/2018

BODY PARTS:

1. Cervical.

DIAGNOSIS:

1. Multilevel cervical fusion.

PLACE OF EXAMINATION: Reno, Nevada.

INTRODUCTION: The claimant presents to our office today for a Permanent Partial Disability rating performed in accordance with the Fifth Edition, Sixth Printing, AMA Guides to the evaluation of Permanent Impairment. The claimant was informed with regards to the purpose of this examination. It is understood that there is no patient/treating physician relationship established on the basis of today's examination. It was explained that the evaluation was requested by the referral source and the report will be sent to the referral source upon completion.

Page 1 of 12

Received

SCANNIED

CCMSI-Reno

Kimberly Kline Page 2

Dear Lisa Jones:

Kimberly Kline sustained industrial injury to her neck on June 25, 2015. She subsequently went on to have a multilevel fusion of her cervical spine. She presents today for a PPD evaluation of the cervical spine.

PERSONAL DATA:

The claimant was identified by her picture on a Nevada Driver's License #0701144556. She gives a birth date of 10/07/1979 making the claimant 38 years of age at the time of this evaluation.

The claimant has lived in Reno for approximately the last 38 years.

She has completed school greater than 16 years.

Received

The claimant has not served in the military.

MAY 1 4 2018

REVIEW OF MEDICAL RECORDS:

CCMSI-Reno

All significant medical records provided were reviewed.

On June 25, 2015 initial evaluation at St. Mary's Regional Medical Center. History of Present Illness: Chief Complaint: Back injury and back pain. It is described as being moderate degree of pain in the upper lumbar mid lumbar and lower lumbar spine radiating into the right thigh and the left thigh. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Past History: The patient had prior back pain. Physical Exam: Neck: Normal inspection. Neck nontender. Painless range of motion. Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. Neuro: No motor deficit. No sensory deficit. Reflexes normal. Impression: Acute lumbar radiculopathy. Sprain of lumbar spine. Acute pain in the lower back. Prescription Medications: Flexeril, Norco and prednisone.

On June 30, 2015 evaluation at Specialty Health Clinic. Chief Complaint: Back-2nd MVA 6-25. 15. History of Present Illness: Patient was involved in a second motor vehicle accident on June 25, 2015 when she was rear-ended at high-speed. Currently the patient reports: 1. Neck discomfort-moderate, diffuse, radiation into the right shoulder, associated stiffness. 2. Lumbar and thoracic pain-diffuse, nonradiating, no red flags, no numbness or weakness reported and legs. Physical Exam: Cervical exam-mild diffuse muscular tendemess to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, rauge of motion, flexion 40°, extension 50°, lateral rotation 70° bilaterally with pain at extremes. Assessment: Sprain of neck. Plan: Chiropractic, full duty, return in two weeks.

On May 11, 2015 initial evaluation by Dr. Men-Muir. He evaluated her low back.

SCANNED

FILED
Electronically
CV19-01683
2019-09-18 11:28:40 AM
Jacqueline Bryant
ReceivedClerksofothe Court
Transaction # 7490553

Kimberly Kline Page 3

On July 14, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness. Physical Exam: Musculoskeletal: Neck-normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On August 20, 2015 follow-up visit at Specialty Health Clinic. Chief Complaint: Cervical strain. History of Present Illness: Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues. Physical Exam: Musculoskeletal: Exam-normal inspection, mild muscular tenderness palpation over the trapezius, full motion with grossly normal strength and sensation in arms. Assessment: Sprain of neck. Plan: Full duty, MMI.

On September 23. 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improving neck discomfort, rated 3/10, Central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms. Physical Exam: Musculoskeletal: Neck exam-normal inspection, minimal muscle tenderness to palpation, full motion, normal strength and sensation in both arms. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On October 28, 2015 follow-up visit at Specially Health Clinic. History of Present Illness: Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. Patient has completed treatment. Physical Exam: Musculoskeletal: Neck exam-normal inspection, nontender to palpation, full motion with grossly normal strength. Assessment: Sprain of ligament of the cervical spine Plan: Full duty, MMI.

On January 13, 2016 MRI of the cervical spine without contrast impression: Disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspect of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

On January 13, 2016 chiropractic treatment by Dr. Hansen.

On January 14, 2016 chiropractic treatment by Dr. Hansen.

On January 15, 2016 chiropractic treatment by Dr. Hansen.

On January 18, 2016 chiropractic treatment by Dr. Hansen.

On January 19, 2016 chiropractic treatment by Dr. Hansen.

On January 20, 2016 chiropractic treatment by Dr. Hansen.

Received

MAY 1 4 2018

SCANNED

CCMSI-Reno

On January 21, 2016 chiropractic treatment by Dr. Hansen.

On January 25, 2016 chiropractic treatment by Dr. Hansen.

On January 26, 2016 chiropractic treatment by Dr. Hansen.

On January 27, 2016 chiropractic treatment by Dr. Hansen.

On January 28, 2016 chiropractic treatment by Dr. Hansen.

On February 1, 2016 chiropractic treatment by Dr. Hansen.

On February 2, 2016 chiropractic treatment by Dr. Hansen

On February 5, 2016 chiropractic treatment by Dr. Hansen

On February 8, 2016 chiropractic treatment by Dr. Hansen

On February 10, 2016 chiropractic treatment by Dr. Hansen

On February 12, 2016 chiropractic treatment by Dr. Hansen

On February 16, 2016 chiropractic treatment by Dr. Hansen

On February 19, 2016 chiropractic treatment by Dr. Hansen

On February 24, 2016 chiropractic treatment by Dr. Hansen

On March 16, 2016 follow-up visit at Specialty Health Clinic.

On April 28, 2016 chiropractic treatment by Dr. Hanson

Received

MAY 1 4 2018

CCMSI-Reno

On July 5, 2016 neurosurgical evaluation. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: When f saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She is done extensive physical therapy. Physical Examination: Cervical: Neck, shoulders and low back have normal range of motion with no scars. Palpation for tenderness. Arms have normal range of motion with no scars. She has a reduce range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators in the left, biceps and triceps on the left. She has diminished reflexes in the upper extremities. Impression/Plan: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord

SCANNED

compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery. She states she never had these arm symptoms before the accident and although she may have had pre-existing spondylosis, the accident had probably exacerbated her underlined stenosis. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On April 3, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following the left C-6 distribution. Most of his symptoms are in the left arm and rated at times at a 9/10. Continues to limit her ability to sleep at night the symptoms may be slightly improved but overall are very similar to the intensity she had the last allied. Physical Exam: She had a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators on the left, hiceps and triceps on the left. She has depressed reflexes in the upper extremity. Assessment and Plan: 1. Neck pain. 2. Cervical spondylosis. 3. Spinal stenosis and cervical region. Plan: 1. Repeat MRI and C-spine x-rays. 2. Follow-up in 2-4 weeks.

On April 21, 2017 x-rays of the cervical spine. Impression: 1. Mild disc space narrowing and facet degenerative change of the lower cervical spine. 2. Development of retrolisthesis of 2 mm of retrolisthesis C4 on 5 and 1 mm retrolisthesis of C6 on 7 upon extension.

On April 21, 2017 MRI of the cervical spine without contrast. Impression: Moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

On April 25, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: Returns. Arm worse. Options discussed. Wants surgery. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left forcarm and the C6 distribution. Physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the left upper extremity. Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-worsening symptoms and stenosis on MR. 6. Cord compression and failed conservative therapy. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 8, 2017 follow-up neurosurgical visit chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work first six weeks as was discussed. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness

Received

MAY 1 4 2018

SCANNED

CCMSI-Reno

Kimberly Kline Page 6

in external rotators on the left, brought biceps and triceps on the left. She has depressed reflexes in the upper extremity. Impression: 1. Cervical spine bond low doses, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. She was offered C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 12, 2017 operative report by Dr. Sekhon. Preoperative Diagnosis: Cervical stenosis. Postoperative Diagnosis: Cervical stenosis. Title of the Procedure: 1. C4/5, C5/6, and C6/7 Anterior cervical decompression using a left-sided approach and the microscope. 2. C4/5, C5/6 and C6/7 interbody fusion using peak interbody cages and bone graft substitute. 3. C4-7 anterior segment fusion using a cervical locking plate. 4. Microscopic microdissection. 5. Fluoroscopic guidance for placement of the screws.

On June 26, 2017 postop neurosurgical visit. Chief Complaint: I. Two weeks status post C4-C 7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphasia that slowly seems to be improving. She has been wearing her soft collar when she is up and about, but she states that she is actually feeling quite well for two weeks after surgery. The strength in her arms is good. Overall, she takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. There is minor superficial cdema and swelling that is non-concerning. Upper extremity motor strength is 5/5 throughout bilaterally. Sensation is grossly intact. The equivalent and normal bilaterally. Impression: 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan: 1. Follow-up in four weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes in her condition.

On July 24, 2017 x-rays of the cervical spine with flexion and extension. Impression: Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

On July 26, 2017 follow-up postoperative neurosurgical visit. Chief Complaint: 1. Two week status post C4-C7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: Today, she presents to six weeks postoperative review. She continues to notice improvement to the left upper extremity symptoms. Left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 6 weeks status post C4-C7 ACDF. 2. Improvement in postoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan:

Received

MAY 1 4 2018

SCAMNIED

CCMSI-Reno

Kimberly Kline Page 7

1. Follow-up in 6 weeks with static and dynamic cervical x-rays. Physical therapy. Release to work without restrictions on 7/31/17.

On September 5, 2017 x-rays of the cervical spine with flexion-extension views. Impression: ACDF C 4-C7 without evidence of hardware complication.

On September 6, 2017 follow-up postop neurosurgical visit. Chief Complaint: 1. 12 weeks status post C4-C7 ACDF. History of Present Illness: Today, she presents 12-weeks postoperative. Her symptoms continue to much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pain. She is not having the shooting pains that she once did. She has done physical therapy which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage. Physical exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.

On September 11, 2017. She was placed at maximum medical improvement. She was returned to full duty. She had a ratable impairment.

PRESENT SYMPTOMS AND COMPLAINTS:

The claimant states that she has a tight/sore neck, tight/sore shoulders, daily headaches, weak neck, and numbness down her left arm to her left thumb. She states that her current neck pain is a 4/10 and at its worse 8/10 and at its best 2/10.

As far as activities of daily living are concerned:

As far as self-care/personal hygiene is concerned: She states no difficulty with brushing teeth, eating, urinating and bowel movements. She states mild difficulty with dressing and combing hair. She states moderate difficulty with bathing.

As far as communication is concerned: She states no difficulty with speaking, hearing and writing.

As far as physical activity is concerned: She states no difficulty walking and climbing stairs. She states mild difficulty with standing, sitting, changing positions.

As far sensory function is concerned: She states no diff code was seeing, smelling, tasting, feeling sharp versus dull and feeling bot versus cold except for her left thumb.

Received

SCANNED

MAY 1 4 2018

CCMSI-Reno

Kimberly Kline Page 8

As far as hand activities are concerned: She states no difficulty with coordination. She states mild difficulty with grasping and lifting.

As far as advanced activities are concerned: She states no difficulty with preparing meals, managing money/checkbook, taking medications, and using public transportation. She states mild difficulty with working around the house/housework, using the phone or writing letters, shopping/carrying groceries, social activities, sexual activities and vigorous physical activity. She states moderate difficulty with driving a car. She states severe difficulty with restful sleep secondary to pain.

PAST MEDICAL HISTORY:

Past Medical History: She has no history of chronic illnesses. She states that she had no problems with her neck prior to her industrial injury of June 25, 2015.

Past Surgical History: Right ankle surgery 2013.

Medications: Advil.

Allergies to Medications: No known drug allergies.

PHYSICAL EXAMINATION:

On May 8, 2018 the claimant stood 67" tall and weighed 178 pounds. The claimant is right hand dominant.

This person's general appearance is that of a well-hydrated, well-nourished adult female in no acute distress. Her mood and manner were appropriate. She was well oriented and cooperative throughout the examination. She was not wearing an orthotic device.

On visual inspection of the cervical spine there was normal development. There was a 7 cm surgical scar located over the left anterior inferior aspect of the neck. The scar was generally straight in appearance and normal in color. On palpation of the neck there was muscle tightness along the paravertebral musculature. On strength testing, motor strength was 5/5 in all muscle groups of the right and left upper extremities. On sensory testing there was intact sensation to light and sharp touch except for the left thumb which was 4.56 on monofilament testing. Deep tendon reflexes at the biceps and triceps were +2/+4 bilaterally. The right and left upper extremities have normal temperature color and pulses. There was no evidence of atrophy, upper arm and forearm circumferences were equal bilaterally.

Range of motion of the cervical spine:

Received

SCANNED

MAY 1 4 2018

CCMSI-Reno

The claimant was informed not to perform any motions that were painful or that she was uncomfortable performing or that might cause her harm. The claimant was also informed that she can take a rest break during any part of the examination.

Warm-up exercise were performed as described on page 399.

Range of motion of the cervical spine was performed according to Section 15.11 Range of Motion: Cervical Spine. Starting on page 417.

Movement	Description	Range				
Ccrvical	Calvarium angle	40	40	40		
Flexion	T1 ROM	20	20	20	1	
	Maximum cervical flexion angle	20	20	20		
	+10% or 5°	*Yes	No			- 1
	Maximum cervical flexion angle	20				
	% Impairment	3				

Movement		Range					
Cervical	Calvarium angle	20	20	20		7	
Extension	T1 ROM	5	5	5	1	-	
1	Cervical extension angle	15	15	15	1	 	
1	±10% or 5°	*Yes	No				
	Maximum cervical extension angle	15					
	% Impairment	5					

Movement	Description	Range				
Cervical	Calvarium angle	30	30	30 T		
Left	T1 ROM	10	10	10		
Lateral	Cervical left lateral flexion angle	20	20	20		
	+10% or 5°	*Yes	No			
	Maximum cervical left lateral flexion angle	20		· · · · · · · · · · · · · · · · · · ·		
	% Impairment	2				-

Movement	Description	Range			
Cervical	Calvarium angle	30	30	30	
Right	T1 ROM	10	10	10	
Lateral	Cervical right lateral flexion angle	20	20	20	
Bending	±10% or 5°	*You	No		<u></u>
	Maximum cervical right lateral flexion angle	20			Received
	% Impairment	2			- MECEIVEU

MAY 1 4 2018

SCANNED

CCMSI-Reno

Movement	Description	Range					
Ccrvical	Cervical left rotation angle	40	40	40		1	Ţ
	±10% or 5°	*Yes	No				
Rotation	Maximum cervical left rotation angle	40					
	% Impairment	2					

Movement		Range			
Cervical	Cervical right rotation angle	40	40	40	
Right	±10% or 5°	*Yes	No		
Rotation	Maximum cervical right rotation angle	40			
	% Impairment	2		 	<u> </u>

SHMMARY AND DISCUSSION:

STABILITY OF MEDICAL CONDITION: The claimant was placed at maximum medical improvement on September 11, 2017 permanent and stationary, stable and ratable by Dr. Sekhon.

APPORTIONMENT: There is no prior history of disease, injury, or impairment to the affected body part necessitating apportionment consideration.

IMPAIRMENT EVALUATION ACCORDING TO THE GUIDES:

Impairment rating was done according to the Fifth Edition, Sixth Printing AMA Guides to the Evaluation of Permanent Impairment. The examination, measurements, and impairment percentages were compiled by me. The history and medical records provided were reviewed by me and any discrepancies were discussed with the claimant.

Body Part: The claimant is rated according to the cervical spine.

On page 380 right hand column. Range of motion method if: b. there is radioulopathy bilaterally or at multiple levels in the same spinal region.

In this case, there was multiple levels in the same spinal region. Therefore, the claimant will be rated by range of motion.

On page 398 Section 13.8 Range-of-Motion Method. Although called the range of motion method, this evaluation method action consists of three elements that need to be assessed: (1) the range of motion of the impaired spinal region; (2) accompanying diagnosis (Table 15-7); and (3)

SCANNED

MAY 1 4 2018

COMST-Dana

any spinal nerve deficit, which is described in this chapter and in chapter 13. The whole person impairment rating is obtained by combining ratings from all three components, using the combined values chart (p. 604).

On page 404, Table 15-7, Criteria for Rating Whole Person Impairment Percentage Due to Specific Spine Disorders to Be Used As Part of the Range of Motion Method. The claimant fits into the Category IV D. Single-level spinal fusion with or without decompression with residual signs and symptoms. Also Category IV E. multiple levels, operated on, with residual, medically documented pain and rigidity. Add 1% per level. Therefore, an additional 2% will be added for the additional levels. Therefore, the total equals 12% whole person impairment from Table 15-7.

On page 418, Table 15-12, Cervical Region Impairment from Abnormal Flexion or Extension or Ankylosis. Therefore, flexion of 20° equals 3% whole person impairment. Extension of 15° equals 5% whole person impairment. Total impairment due to abnormal flexion and extension equals 8% whole person impairment.

On page 420 Table 15-13, Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Lateral Bending. Right lateral bending of 20° equals 2% whole person impairment. Left lateral bending of 20° equals 2% whole person impairment. Therefore, total impairment due to lateral bending equals 4% whole person impairment.

On page 421 Table 15-14 Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Rotation. Right rotation of 40° equals 2% whole person impairment. Left rotation of 40° equals 2% whole person impairment. Therefore, total impairment due to abnormal rotation equals 4% whole person impairment.

Therefore 16% whole person impairment for abnormal motion.

On page 423 Section 15.12 Nerve Root and/or Spinal Cord. The claimant has decreased sensation along the C6 nerve root on the left. She best fits into grade 3 30% Sensory Deficit. On page 424, Table 15-17 Maximum % Loss of Function Due to Sensory Deficit or Pain is 8% for the C6 nerve root. Therefore, multiplying 30% times 8% equals 2.4% upper extremity impairment rounded to 2% upper extremity impairment. On page 439 Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole person. Therefore, 2% upper extremity impairment equals 1% whole person impairment.

The total whole person impairment for accompanying diagnoses from Table 15-7 equals 12%.

The total whole person impairment for loss of motion equals 16%.

The total whole person impairment for sensory loss equals 1%.

Received

MAY 1 4 2018

SCANNED

CCMSI-Reno

Kimberly Kline Page 12

Therefore, combining the whole person impairment for accompanying diagnoses from Table 15-7 12% with impairment for loss of motion 16% with impairment for sensory loss of 1% equals 27% whole person impairment from the combined values chart on page 604.

ESTIMATED WHOLE PERSON IMPAIRMENT: Upon review of the available medical records and after examining the claimant, apportionment does not appear to be an issue with regards to this claim. It is my recommendation that the claim be closed with 27% whole person impairment.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

Received

MAY 1 4 2018

SCAMPIED

CCMSI-Reno



Jay E. Betz, MD Medical Director

Occupational Medicine Injury Care Employer Services

June 4, 2018

Lisa Jones CCMSI PO Box 20068 Reno, NV 89515

Re:

Kimberly Kline

DOI:

6/25/2015

Claim#

15853E839641

PPD/CHART REVIEW

Dear Ms. Jones,

At your request, I reviewed the medical record of Kimberly Kline including 2 PPDs, one performed by Dr. Russell Anderson, DC on 11/10/2017 and the second by Dr. James Jempsa, DO on 5/8/2018.

This review was performed in conjunction with the AMA Guides to the Evaluation of Permanent Impairment, 5th edition and NAC 616C.490.

The opinions expressed in this review are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information or examination of the patient.

HISTORY:

Approximately 6 weeks prior to her subsequent occupational injury, Ms. Kimberly Kline was evaluated by Dr. Men-Muir on May 11, 2015 complaining of bilateral low back pain as result of a non-work-related auto accident several months previous. X-ray showed degenerative changes at L4-5. She was diagnosed with discogenic back pain. Voltaren and physical therapy were recommended.

Ms. Kline was then involved in a work related vehicular accident on June 25, 2015 when she was rear-ended at 20 mph. She was initially seen at Saint Mary's Regional Medical Center complaining of pain in the low back with radiation to both thighs. Her history of prior vehicular accident with back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a

3488 Goni Road, Suite #141, Carson City, NV 89706 Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com



JUN 07 2018

CCMST-Dono

Re: Kimberly Kline DOI: 6/25/2015 Claim # 15853E839641

back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a herniated disc at L3-4 and L4-5 but that her symptoms nearly resolved in the intervening period. On examination Ms. Kline's neck was normal with painless range of motion and no tenderness. There was mild tenderness over the lumbar spine. No neurologic deficits were found. She was diagnosed with an acute lumbar radiculopathy and sprain of the lumbar spine. She was given medication for pain and spasm as well as prednisone.

In followup at Specialty Health Clinic on June 30, 2015, it was noted that Ms. Kline had been evaluated by Dr. Men-Muir for low back pain related to a previous auto accident about 6 weeks prior to the 2nd motor vehicle accident on June 25, 2015. Ms. Kline was now complaining of neck, upper back and low back pain. After examination she was diagnosed with neck sprain. Chiropractic care was recommended.

Ms. Kline underwent several chiropractic treatments with Maria Brady, DC, RN.

In followup with Dr. Hall on July 14, 2015, the patient reported minimal improvement with chiropractic adjustments and complained of persistent lumbar and neck pain. Conservative measures including physical therapy were continued.

On August 20, 2015 Ms. Kline reported she was improving with therapy. She had full range of motion and was intact neurologically. Completion of physical therapy followed by monitoring was recommended.

In follow-up with Dr. Hall at Specialty Health Clinic on September 23, 2015, Ms. Kline again reported improving but persistent mild neck pain. Additional physical therapy was recommended.

She improved and was discharged from care on October 28, 2015.

A little over 2 months later, on January 13, 2016, MRI scan the patient's cervical spine was obtained to further evaluate significant recurrent neck pain with radiation to the left arm. MRI was remarkable for disc degeneration with large disc protrusions at C5-6 and C6-7 resulting in complete effacement of the cerebral spinal fluid from the ventral and dorsal aspects of the cord with severe canal stenosis.

In follow up with Dr. Hall on March 16, 2016, he noted that Ms. Kline had essentially no symptoms on October 28, 2015 when she was discharged but was complaining of acute onset of neck pain of 7 days duration when she was seen by Dr. Hansen on January 13, 2016 with radiation to the left arm and associated neurologic signs. He noted the MRI results and that the chiropractor had recommended physiatry evaluation for further treatment. Dr. Hall concluded that the patient likely had degenerative disc changes prior to the industrial injury which may have been exacerbated by the industrial injury but that there was no evidence of neurologic symptoms during treatment for

3488 Goni Road, Suite #141, Carson City, NV 89706 Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com Received

JUN 07 2018

CCMST-Reno

Re: Kimberly Kline DOI: 6/25/2015 Claim # 15853E839641

the industrial injury and again noted that the patient had improved with conservative measures. He concluded there is no objective evidence to connect the significant MRI findings of January 13, 2016 with the industrial injury. He again indicated that Ms. Kline had recovered completely from the industrial injury of June 25, 2015 by the end of October 2015.

Ms. Kline received multiple chiropractic treatments from Dr. Hansen between January 14th and April 28, 2016 without lasting benefit.

Neurosurgical consultation was obtained from Dr. Sekhon on July 5, 2016. He indicated the patient had pre-existing spondylosis C4 through C7 with cord compression C5-6 and C6-7, mobile spondylolisthesis at C4-5 and failed conservative therapy. He felt the accident exacerbated her underlying stenosis. He offered anterior cervical decompression and fusion C4 through C7.

In neurosurgical follow-up on April 3, 2017, repeat MRI and cervical x-rays were recommended.

Repeat x-rays on April 21, 2017 showed mild disc space narrowing and facet degenerative changes of the lower cervical spine with development of retrolisthesis of 2 millimeters C4 on 5 and 1 millimeters C6 on 7. MRI on the same day showed moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

In followup with the neurosurgeon on April 25, 2017, surgery was again recommended. He noted Ms. Kline had some weakness and depressed reflexes in the left arm.

On June 12, 2017 Dr. Sekhon performed an anterior cervical decompression C4 through C7 followed by interbody fusion.

In followup Dr. Sekhon felt the patient was improving and physical therapy was recommended.

X-rays on September 5, 2017 showed no hardware complications.

On September 6, 2017, 12 weeks postop, the patient reported improvement. Exam showed intact motor function throughout the upper extremities and grossly intact sensation. DTRs were equal and normal bilaterally.

On September 11, 2017 Dr. Sekhon felt Ms. Kline was MMI and she was released to full duty.

A rating evaluation was then performed by Dr. Russell Anderson, chiropractor, on June 25, 2015. He noted the patient still had headaches and limited mobility of her neck with numbness in the left wrist and hand affecting the C6 distribution. On exam he found limited range of motion of the cervical spine and concluded she was best assessed on the range of motion method. He allowed

3488 Goni Road, Suite #141, Carson City, NV 89706

Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com

Received

JUN 07 2018

CCMSI-Reno

Re: Kimberly Kline DOI: 6/25/2015 Claim # 15853E839641

12% whole person impairment for specific spine disorders which included 10% for spinal fusion at one level and 1% each for additional 2 levels. He found 7% impairment related to losses of range of motion and 1% for sensory changes in the C6 nerve root. The combined total was 19% whole person impairment.

However, Dr. Anderson noted that under the DRE method the patient would be allowed a minimum a 25% whole person impairment and suggested that 25% be the appropriate allowance.

Regarding apportionment, he noted Ms. Kline had significant pre-existing degenerative cervical spine spondylosis and suggested 75% of the whole person impairment be apportioned to nonindustrial factors leaving 6% whole person impairment related to the occupational injury.

A 2nd impairment evaluation was performed on May 8, 2018 by Dr. James Jempsa, D.O. He noted Ms. Kline still had a tight sore neck, shoulders and daily headaches with numbness in the left arm to the thumb. On examination he found normal strength in the upper extremities and symmetrical reflexes but decreased sensation over the left thumb. Range of motion measurements found significant losses in flexion and extension and moderate losses in lateral flexion and rotation bilaterally.

Utilizing the range of motion method he allowed 12% whole person impairment for specific spine disorders including 10% for single level fusion and 1% each for 2nd and 3rd levels. Range of motion impairments total 16% and sensory deficits total 1% whole person impairment. The combined total was 27% whole person impairment. Apportionment was not allowed.

DISCUSSION/CONCLUSIONS:

Both Dr. Anderson and Dr. Jempsa initially utilized the range of motion method in this case which is proper considering that a multilevel fusion was performed. They also agreed there is 12% whole person impairment utilizing Table 15 - 7 and both concluded there was 1% whole person impairment for sensory deficit in the left C6 distribution. These conclusions are appropriate and supported by the medical record and known pathologies in this case.

However, there was a large discrepancy between the active range of motion findings of Dr. Anderson versus Dr. Jempsa allowing 7% and 16% respectively.

As noted on page 399 of the Guides, "the physician should seek consistency when testing active motion.... Tests with inconsistent results should be repeated. Results that remain inconsistent should be disregarded." On page 375 the Guides it notes: "The physician should record and discuss any physical findings that are inconsistent with the history. Many physical findings are subjective, ie, potentially under the influence of the individual. It is important to appreciate this and not confuse such observations with truly objective findings."

> 3488 Goni Road, Suite #141, Carson City, NV 89706 Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com

Received

JUN 07 2013

XMSI-Reno

Re: Kimberly Kline DOI: 6/25/2015 Claim # 15853E839641

Clearly, Dr. Jempsa's findings were inconsistent with those of Dr. Anderson which are now part of the medical record. He provides no discussion or explanation for the substantial variation. It is well recognized that patients learn from prior rating experience. This can have a great effect when findings are "under the influence of the individual" such as active range of motion which requires the full effort and cooperation of the patient to be valid. Consequently, absent an objective basis for the variation, Dr. Anderson's range of motion findings should have priority.

Making an adjustment for the range of motion inconsistency, however, has minimal effect on the final whole person impairment considering that Dr. Anderson recommended the minimum allowance of 25% for fusion under the DRE section. This recommendation is supported on page 380 of the Guides which states: "In the small number of instances in which the range of motion and DRE methods can both be utilized, evaluate the individual with both methods and award the higher rating."

The 2nd issue of concern is apportionment which has a greater impact in this case. Dr. Anderson correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting. This conclusion is further supported by Dr. Hall's opinion on March 16, 2016, in which he noted Ms. Kline's cervical symptoms were initially consistent with a sprain strain and that she recovered completely from the industrial injury with conservative treatments by the end of October 2015. He went on to conclude there is no objective evidence to connect the patient's significant MRI findings of January 13, 2016 with the industrial injury. It is also informative that Ms. Kline had no symptoms or examination findings of neck injury at time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI.

If the occupational incident had significantly aggravated the patient's preexisting pathologies, the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later. Consequently, it is likely that the patient's radicular symptoms were the result of a natural progression of her significant multilevel degenerative changes rather than the injury.

At any rate, the ultimate need for surgery was primarily the result of pre-existing pathologies. Absent those pre-existing pathologies the patient would not have been a candidate for multilevel cervical diskectomy and fusion. It is the fusion that now forms the basis for the patient's substantial permanent partial impairment. NAC 616C.490, paragraph 6 states that "an apportionment may be allowed if at least 50% of the total present impairment is due to a pre-existing or intervening injury, disease or condition,"

Consequently, Dr. Anderson's conclusion that 70% of the patient's impairment allowance should be apportioned to pre-existing pathologies is reasonable and supported by the Guides and NAC 616C.490.

> 3488 Gonl Road, Suite #141, Carson City, NV 89706 Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com

JUN 07 2018

MSI-Reno

Re: Kimberly Kline DOI: 6/25/2015 Claim # 15853E839641

In summary, the impairment conclusions reached by Dr. Anderson are well supported by the medical record, known pathologies, AMA guides and Nevada Administrative Code.

I hope this review has been of assistance. If you have further questions or concerns, please do not hesitate to contact me.

3488 Goni Road, Suite #141, Carson City, NV 89706 Phone (775) 887-5030 Fax (775) 887-5040 NvOHC.com

Sincerely,

Jay E. Bets, Mb CIME, CHCQM, FABQAURP Certified Independent Medical Examiner Certified Medical Examiner, Federal Motor Carrier Safety Administration

Certified Healthcare Quality Manager Fellow American Board of Quality Assurance & Utilization Review Physicians

Received

JUN 07 2013

CCMSI-Reno



June 15, 2018

Lisa Wiltshire Alstead, Esq. 100 West Liberty St., 10th Floor Reno, NV 89501

Re: Claimant:

Kimberly Kline 15853E839641 6/25/2015

D.O.I.: Employer:

Claim No.:

City of Reno

Dear Ms. Alstead:

Enclosed is a copy of the medical file on Kimberly Kline.

If you have further questions or wish to discuss this case further, please contact me at the number noted below.

Sincerely,

Claims Representative CCMSI – Reno, Nevada

cc:

File, City of Reno

CERTIFICATE OF SERVICE

	Pursuant	to	NRCP	5(b),	I h	ereby	certify	that	I am	an	employee	of	McDC	NA	LD
CAR	ANO LLP,	anc	d that o	n the	20 th	of Ju	ne 2018	, I se	rved	the v	within IN	SUF	RER'S	FIF	TH
SUPF	LEMENT	AL	DOC	UME	NTA	RY	EVIDE	NCE	upon	the	followi	ng	parties	at	the
addre	sses and sei	rvice	e as ide	ntified	:										

U.S. Mail	Appeals Officer
☐ Email	Department of Administration
☐ FedEx	1050 East William St., Suite 450
Hand Delivered/Filing	Carson City, NV 89701
U.S. Mail	Herb Santos, Jr.
Email	225 S. Arlington Ave., Ste. C
☐ FedEx	Reno, NV 89501
☐ Hand Delivered	
Facsimile	

Employee of McDonald Carano LLP

4847-0806-8459, v. 1

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim

of

3

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Claim No:

15853E839641

Hearing No:

1801761-JL

KIMBERLY KLINE,

Claimant.

Appeal No:

1802418-RKN

6th F5/1/19

EMPLOYER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE

Index	Document Description	Page
5/29/18	Insurer's Correspondence w/ Jay Betz, M.D.	1

AFFIRMATION Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding EMPLOYER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE, filed in Nevada Department of Administration Appeal No. 1802418-RKN does not contain the social security number of any person.

Lisa Wiltshire Alstead Attorneys for Employer CITY OF RENO

Administered by: CCMSI



May 29, 2018

Nevada Occupational Health Attn: Dr. Jay Betz 3488 Goni Road Carson City, NV 89706

RE:

Claimant:

Kimberly Kline

Re: Claim No.:

15853E839641

D.O.I.:

6/25/2015

Body Part:

Cervical

Employer:

City of Reno

Dear Dr. Betz

Enclosed please find a copy of the complete medical file. After review please provide your opinion on apportionment.

Thank you for your time and consideration regarding this matter. Please fax your report to (775) 324-9893.

Respectfully

Claims Representative

1

CC: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc. Medical records

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 11th of June 2018, I served the within **EMPLOYER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE** upon the following parties at the addresses and service as identified:

U.S. Mail	Appeals Officer
Email	Department of Administration
FedEx	1050 East William St., Suite 450
Hand Delivered/Filing	Carson City, NV 89701
U.S. Mail	Herb Santos, Jr.
Email	225 S. Arlington Ave., Ste. C
FedEx	Reno, NV 89501
Hand Delivered	
Facsimile	

Employee of McDonald Carano LLP

4825-0509-7833, v. 1

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701 FILED

MAY - 1 2019

DEPT. OF ADMINISTRATION APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

| Claim No: 15853e839641 | Hearing No: 1901522-JL 1803718-JL 1803717-JL 1801761-JL | Appeal No: 1902049-RKN 1900471-RKN 1802418-RKN

ORDER

For good cause, these matters are hereby consolidated.

IT IS SO ORDERED.

RAJINDER K. RAI-NIELSEN APPEALS OFFICER

CERTIFICATE OF MAILING

2 The undersigned, an employee of the State of Nevada, Department of 3 Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage 4 prepaid OR placed in the appropriate addressee runner file at the Department of 5 Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following: KIMBERLY KLINE 7 305 PUMA DR

8 CARSON CITY, NV 89704-9739

1

9

10

14

15

16

17

18

19

20

21

22

23

24

25

26

27

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C **RENO NV 89501**

11 CITY OF RENO 12 ATTN ANDRENA ARREYGUE PO BOX 1900 13 RENO, NV 89505

> **CCMSI** PO BOX 20068 RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR **RENO NV 89501**

Dated this $\sqrt{5^{+}}$ day of May, 2019.

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

28

25

26

27

28

STATE OF NEVADA DEPARTMENT OF ADMINISTRATIO APPEALS DIVISION

2019 APR 25

In the Matter of the Contested Industrial Insurance Claim of: Claim No.:

15853E839641

Hearing Nos.:

1901522-JL

KIMBERLY KLINE,

1

2

3

4

5

6

7

8

9

Appeal Nos.:

1900471-RKN

1902049-RKN

Claimant.

MOTION TO CONSOLIDATE APPEALS

Self-insured employer CITY OF RENO ("Employer"), moves the Appeals Officer for an Order consolidating the above appeals with appeal no. 1802418-RKN, which was appealed February 14, 2018, however, through a series of continuances, this appeal is presently not set for hearing. The grounds for this motion are that the issue in this appeal involves the same industrial claim, substantially similar issues, and these appeals can most efficiently be resolved in one appeal hearing.

All parties have held a telephone conference with the Appeals Office and there are no objections to consolidating Appeal Nos. 1900471-RKN, 1902049-RKN, and 1802418-RKN and having them all heard on May 1, 2019.

AFFIRMATION Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding MOTION TO CONSOLIDATE APPEALS filed with the Nevada Department of Administration does not contain the social security number of any person.

DATED: This of April, 2019.

McDONALD GARANO LLP

Lisa Wiltshire Alstead

P.O. Box 2670

Reno, Nevada 89505-2670 Attorneys for Employer

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

AFFIDAVIT OF LISA WILTSHIRE ALSTEAD

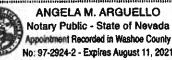
STATE OF NEVADA)
COUNTY OF WASHOE) ss)

- I, LISA WILTSHIRE ALSTEAD, do hereby swear or affirm under penalty of perjury that the information contained in this Affidavit is true and correct to the best of my knowledge and belief:
- I am the attorney for the self-insured employer, City of Reno, with respect to this 1. appeal;
- 2. The issues on appeal in the present matter concerns determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance;
- 3. The issue on appeal under Appeal No. 1802418-RKN concerns the determination offering Claimant a 6% PPD award and order to schedule a second PPD evaluation;
 - 4. All appeals concern the same industrial claim;
- 5. Consolidation of these appeals would provide for a more efficient resolution of the disputed issues;
- A telephone conversation was held between myself, Claimant's counsel, and the 6. Appeals Office, and all parties agreed that for the benefit of judicial economy these appeals should be consolidated; and,
- Based on the foregoing, affiant respectfully requests the Appeals Officer issue an 7. Order consolidating Appeal No. 1802418-RKN with the present appeals currently scheduled for hearing on May 1, 2019 at 9:00 a.m.

DATED this day of April, 2019.

SUBSCRIBED and SWORN to before me this 25th day of April, 2019.

Notary Public



No: 97-2924-2 - Expires August 11, 2021

CERTIFICATE OF SERVICE					
Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD					
CARANO LLP, and that on the 25th day of April, 2019, I served the within MOTION TO					
CONSOLIDATE APPEALS on the following parties as follows:					
☐ U.S. Mail☐ Email☐ FedEx☑ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701				
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501				
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515				
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520				

4824-4483-0356, v. 1

STATE OF NEVADA **DEPARTMENT OF ADMINISTRATION** APPEALS DIVISION



In the Matter of the Contested Industrial Insurance Claim of:

Claim No.: 15853E839641

Hearing Nos.: 1803718-JL

1803717-JL 1901522-JL

KIMBERLY KLINE,

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Appeal Nos. 1900471-RKN

1902049-RKN

Claimant.

EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submits the following First Amended Prehearing Statement, amending only the following sections of its prior Prehearing Statements and with amendments indicated in bold:

II.

STATEMENT OF ISSUES

- The July 19, 2018 Hearing Officer Decision and Order remanding the third-party 1) administrator's June 13, 2018 and May 24, 2018 determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance.
- The December 27, 2018 Hearing Officer Decision and Order affirming and 2) remanding the third-party administrator's September 20, 2018 27% PPD award, with 6% to be paid in lump sum and 21% in installments.

III.

WITNESSES

The Employer may call one or more of the following witnesses:

Lisa Jones - Ms. Jones and/or another representative of the third-party 1. administrator may testify by telephone concerning the administration of this claim;

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

- 2. Andrena Arreygue - Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;
- 3. Russell Anderson, M.D. - Dr. Anderson may testify concerning the Claimant's PPD evaluation:
- Jay Betz, M.D. Dr. Betz may testify by telephone concerning the Claimant's 4. PPD evaluation and his subsequent review;
- 5. Lali Sekhon, M.D. - Dr. Sekhon may testify to the Claimant's medical condition and treatment; and,
 - 6. Rebuttal or impeachment witnesses as may be necessary.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: April 15, 2019.

McDONALD CARANO LLP

Lisa Wiltshire Alstead

P.O. Box 2670

Reno, Nevada 89505-2670 Attorneys for Employer

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 15th day of April, 2019, I served the within **EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT** on the following parties as follows:

U.S. MailEmailFedExHand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
✓ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Employee of McDonald Carano LLF

4843-9526-9524, v. 1



STATE OF NEVADA DEPT OF ADHINISTRATION HEARINGS DIVISION HEARINGS OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER 2019 JAN 31

RECEIVED AND FILED

In the Matter of the Industrial Claim of:

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Claim No.: 15853E839641 Hearing No.: 1803718/1803

1803718/1803717-JL 1901522-JL

Appeal No.: 1900471-RKN 1902049-RKN

KIMBERLY KLINE,

Claimant.

CLAIMANT'S HEARING STATEMENT

I.

DOCUMENTARY EVIDENCE

- 1. The Claimant may rely on portions of any of the evidence packets submitted by the Employer or Insurer.
- 2. The Claimant reserves the right to submit any additional documents not submitted by the Employer or Insurer.

II.

STATEMENT OF THE ISSUES

Whether the Hearing Officer's decision dated July 19, 2018 is correct?

III.

WITNESSES

- The Claimant, KIMBERLY KLINE, may testify regarding her employment, prior health, the subject industrial injury and the symptoms she has experienced and continues to experience.
- 2. Any of the Claimant's treating physicians may testify regarding the Claimant's medical condition, causation, diagnosis, prognosis, and any other area within the doctors expertise.
- 3. Any of the adjusters who worked on the Claimant's claim may be called to testify regarding their administration of the above referenced claim.

 AA 1598

3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	İ
22	
23	
24	
25	
26	
27	
28	

2

- 4. Any of the Employer's employees and or the Employer may be called to testify regarding the Claimant's industrial injury, work history, both pre and post industrial accident, policies, procedures, and job descriptions of the Employer.
 - 5. Any witness named or called by any other party.
 - 6. Impeaching or rebuttal witnesses as deemed necessary.

IV.

ESTIMATED TIME FOR HEARING

The Claimant believes that the hearing will take approximately three (3) hours.

V.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in the above referenced appeal number(s), does not contain the social security number of any person.

DATED this 2 day of January, 2019.

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C Reno, NV 89501

By:

HERB SANTOS, JR., Esq. Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

CITY OF RENO ATTN: ANDRENA ARRYGUE P. O. BOX 1900 RENO, NV 89505

CCMSI P.O. BOX 20068 RENO, NV 89515

LISA WILTSHIRE ALSTEAD, ESQ. MCDONALD CARANO WILSON PO BOX 2670 RENO, NV 89505

DATED this day of January, 2019.

Jimayne Lee

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701

FILED

JAN 2 3 2019

DEPT. OF ADMINISTRATION APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

Claim No:

15853E839641

7

Hearing No: 1901522-JL

1803718-JL 1803717-JL

9

1

2

3

4

5

6

8

10

11

12

13

14

Appeal No:

1902049-RKN 1900471-RKN

KIMBERLY KLINE,

Claimant.

ORDER

For good cause, this matter is reset for hearing on:

DATE:

TIME:

Wednesday, May 1, 2019

15

9:00 AM

16

IT IS SO ORDERED.

18

17

19

20

APPEALS OFFICER

21

22

23

24

25

26

27

28

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

7 KIMBERLY KLINE 305 PUMA DR 8 CARSON CITY, NV 89704-9739

1

2

3

4

5

6

9

10

11

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI PO BOX 20068 RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR RENO NV 89501

Dated this 23° day of January, 2019.

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

1 **NEVADA DEPARTMENT OF ADMINISTRATION** BEFORE THE APPEALS OFFICER 2 FILED 1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701 3 JAN 1 6 2019 4 DEPT. OF ADMINISTRATION APPEALS OFFICER 5 In the Matter of the Contested Industrial Insurance Claim of: 6 Claim No: 15853E839641 7 Hearing No: 1901522-JL 8 1803718-JL 1803717-JL 9 1902049-RKN 1900471-RKN Appeal No: 10 KIMBERLY KLINE, 11 Claimant. 12 13 **ORDER** 14 For good cause, these matters are hereby consolidated. 15 IT IS SO ORDERED. 16 17 18 RAJINDER K. RAI-NIELSEN 19 APPEALS OFFICER 20 21 22 23 24 25

AA 1603

26

27

28

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing <u>ORDER</u> was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

7 KIMBERLY KLINE 305 PUMA DR 8 CARSON CITY, NV 89704-9739

1

2

3

4

5

6

9

10

11

17

18

19

20

21

22

23

24

25

26

27

28

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

14 CCMSI
15 PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR RENO NV 89501

Dated this 16 day of January, 2019.

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

1		DEFORE THE AR	DE A I O OPPIGED	
2		BEFORE THE APPEALS OFFICER FILED		
3				JAN 1 6 2019
4				DEPT. OF ADMINISTRATION APPEALS OFFICER
5	 Ir	n the Matter of the Contested)	
6		ndustrial Insurance Claim of:) Claim No:	15853e839641
7) Hearing No:	1901522-JL
8	K	IMBERLY KLINE,) Appeal No:	1902049-RKN
9		Claimant.))	
10	–	<u> </u>)	
11		NOTICE OF APPEAL AN	D ORDER TO A	PPEAR
12	1. ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED that a hearing will be held by the Appeals Officer, pursuant to NRS 616 and 617 on:			
13		DATE: Friday, January 18, 2019		
14		TIME: 10:00 AM (Telephone Col PLACE: DEPT OF ADMINISTRATION OF AUTOMATICAL PROPERTY OF ADMINISTRATION OF AUTOMATICAL PROPERTY	ΓΙΟΝ, APPEALS (OFFICE
15		1050 E. WILLIAMS STRE CARSON CITY, NV 8970		
16 17	2. The INSURER shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.			
18	3. ALL PARTIES shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.			
19	4.	Pursuant to NRS 239B.030(4), any documen	t/s filed with this	agency must have all social
20	security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.		earings Division.	
21	5.	Pursuant to NRS 616C.282, any party failing	to comply with I	NAC 616C.274336 shall be
22	_	subject to the Appeals Officer's orders as are ne	•	
23	6.	Any party wishing to reschedule this hearing s and immediately make such a request to the App	peals Office in writ	ing supported by an affidavit.
24	7.	The injured employee may be represented by a from the Nevada Attorney for Injured Workers.	a private attorney	or seek assistance and advice
25		IT IS SO ORDERED.		
26			n k. Rai-N	. P
27		RAJINDER	K. RAI-NIELSEN	·
28	I	APPEALS	OFFICER	AA 1605



STATE OF NEVADA DEPT OF ADMINISTRATION

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER 2019 JAN 10 PH 2: 09

HEARINGS DIVISION

RECEIVED AND

In the Matter of the Contested

Hearing Number:

1901522-JL

Industrial Insurance Claim of

CARSON CITY, NV 89704

Claim Number:

1585E839641

FILED

KIMBERLY KLINE 305 PUMA DRIVE

Employer:

CITY OF RENO POLICE DEPARTMENT

PO BOX 1900

RENO, NEVADA 89502

I WISH TO APPEAL THE HEARING OFFICER'S DECISION DATED: December 27, 2018. (Please attach a copy of the Hearing Officers Decision)

PERSON REQUESTING APPEAL: <u>CLAIMANT / EMPLOYER / INSURER</u>

Reason for Appeal: We disagree with the determination of the hearing officer regarding the PPD award.

If you are represented by an attorney or other agent, please print the name and address below.

Herb Santos, Jr.

Kimberly Kline through her attorney, Herb

Santos, Jr.

Name of Attorney or Representative

Person requesting this Hearing

Address: 225 South Arlington Avenue, Suite C Reno Nevada 89501 City State Zip Code (775) 323-5200 01-09-2019 Signature (of person requesting Hearing) Telephone Date

WILL AN INTERPRETER BE REQUIRED? YES [] NO [X]

If so what language:

NEVADA DEPARTMENT OF ADMINISTRATION **APPEALS OFFICE** 1050 E WILLIAM, SUITE 450 CARSON CITY, NV 89701 (775) 687-5289

AFFIRMATION: Pursuant to NRS 239B.030

130 Jul 610:00 The undersigned does hereby certify that the preceding document, Request For Appeal:

Document does not contain the social security number of any person.

HERB SANTOS, JR., ESQ.

225 South Arlington Avenue, Suite C

Reno, NV 89501

Attorney of Claimant

CERTIFICATE OF MAILING

- 1	
2	The undersigned, an employee of the State of Nevada, Department of Administration,
3	Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF APPEAL AND ORDER TO APPEAR was duly mailed, postage
4	prepaid OR placed in the appropriate addressee runner file at the Department of Administration,
5	Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:
6	KIMBERLY KLINE 305 PUMA DR
7	CARSON CITY, NV 89704-9739
8	HERBERT SANTOS JR, ESQ
9	225 S ARLINGTON AVE STE C RENO NV 89501
10	CITY OF RENO
11	ATTN ANDRENA ARREYGUE PO BOX 1900
12	RENO, NV 89505
13	CCMSI
14	PO BOX 20068 RENO, NV 89515-0068
15	LISA M WILTSHIRE ALSTEAD ESQ
16	MCDONALD CARANO WILSON
17	100 W LIBERTY ST 10TH FLOOR RENO NV 89501
18	La Carte de la Car
19	Dated this 10 day of January, 2019.
20	BrandyFuller
21	Brandy Fuller, Legal Secretary II Employee of the State of Nevada
22	

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1901522-JL Claim Number: 15853e839641

KIMBERLY KLINE 305 PUMA DR CARSON CITY, NV 89704-9739

CITY OF RENO POLICE DEPARTMENT PO BOX 1900

RENO, NV 89502

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on November 27, 2018, and a Hearing was scheduled for December 19, 2018. The Hearing was held on December 19, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herbert Santos, Jr., were present by telephone conference call. The Employer and Insurer were represented by Lisa Wiltshire Alstèad, Esquire, by telephone conference call.

<u>ISSUE</u>

The Claimant appealed the Insurer's determination dated September 20, 2018. The issue before the Hearing Officer is 27% permanent partial disability (PPD) award with 6% to be paid in lump sum and 21% in installments.

DECISION AND ORDER

The determination of the Insurer is hereby AFFIRMED and REMANDED.

On September 20, 2018, the Insurer noticed the Claimant that in compliance with a denied Motion for Temporary Stay Pending Appeal, it was granting a PPD award of 27%. The Insurer offered the undisputed 6% in either installment or lump sum and the undisputed 21% in monthly instalments, the instant appeal. NRS 616C.380(1)(a) provides that if a hearing officer, appeals officer or district court renders a decision on a claim for compensation and the insurer or employer appeals that decision, but is unable to obtain a stay of the decision, payment of that portion of an award for a permanent partial disability which is contested must be made in installment payments until the claim reaches final resolution. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds the Insurer's determination is proper pursuant to NRS 616C.380; however, on the Election of Method of Payment of Compensation (D-10a form), only the 6% is offered, not the disputed 21%. As such, the Hearing Officer instructs the Insurer to recalculate the PPD award and reissue a new Election of Method of Payment of Compensation in compliance with NRS 616C.380.

In the Matter of the Contested Industrial Insurance Claim of Hearing Number: Page two



APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 27th day of December, 2018.

Jason Luis, Hearing Officer

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE 305 PUMA DR CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

CITY OF RENO POLICE DEPARTMENT PO BOX 1900 RENO, NV 89502

CCMSI PO BOX 20068 RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ 100 W LIBERTY ST 10TH FLOOR RENO NV 89505

Dated this 27th day of December, 2018.

Susan Smock

Employee of the State of Nevada

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

In the Matter of the Contested Industrial Insurance Claim of: Claim No.: 15853E839641

Hearing Nos.: 1803718-JL 1803717-JL

Appeal No.:: 1900471-RKN

KIMBERLY KLINE,

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

///

///

///

Claimant.

EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submits the following First Amended Prehearing Statement, amending only the following sections of its original Prehearing Statement filed on October 23, 2018 and with amendments indicated in **bold**:

III.

WITNESSES

The Employer may call one or more of the following witnesses:

- 1. Lisa Jones - Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;
- 2. Andrena Arreygue – Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;
- 3. Russell Anderson, M.D. - Dr. Anderson may testify concerning the Claimant's PPD evaluation;
- 4. Jay Betz, M.D. – Dr. Betz may testify by telephone concerning the Claimant's PPD evaluation and his subsequent review; and,
 - 5. Rebuttal or impeachment witnesses as may be necessary.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: January 1, 2019.

McDONALD QARANQ LLA

Lisa Wiltshire Alstead

P.O. Box 2670

Reno, Nevada 89505-2670 Attorneys for Employer

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 9th day of January, 2019, I served the within EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT on the following parties as follows: Appeals Division U.S. Mail Department of Administration Email 1050 East William St., Suite 450 FedEx Carson City, NV 89701 ☐ Hand Delivered/Filing Herb Santos, Jr., Esq. U.S. Mail 225 South Arlington Ave. Ste. C Email Reno, NV 89501 FedEx Hand Delivered **Facsimile CCMSI** U.S. Mail P.O. Box 20068 Email Reno, NV 89515 FedEx Hand Delivered Facsimile City of Reno U.S. Mail Email Attn: Andrena Arreygue P.O. Box 1900 FedEx Reno, NV 89520 Hand Delivered Facsimile

4843-3641-9461, v. 1

27 28

FILED

NEVADA DEPARTMENT OF ADMINISTRATION

OCT 2 3 2018

BEFORE THE APPEALS OFFICER

DEPT. OF ADMINISTRATION APPEALS OFFICER

In the Matter of the Contested Industrial

Claim No.: 15853E839641

Insurance Claim of:

Hearing Nos.: 1803718-JL

1803717-JL

KIMBERLY KLINE,

Appeal No.: 1900471-RKN

Claimant.

EMPLOYER'S PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submit the following prehearing statement:

I.

DOCUMENTARY EVIDENCE

The Employer may rely on the documentary evidence submitted by the Employer and any evidence submitted by any of the parties.

II.

STATEMENT OF ISSUES

The July 19, 2018 Hearing Officer Decision and Order remanding the third-party administrator's June 13, 2018 and May 24, 2018 determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance.

III.

WITNESSES

The Employer may call one or more of the following witnesses:

- 1. Lisa Jones Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;
- 2. Andrena Arreygue Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;

 AA 1614

1408

1 2

3

5

6

7

8

9

10

11

12

13

14

15 16

17

18

19 20

2122

23

24

2526

27

28

•	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

- 3. Russell Anderson, M.D. Dr. Anderson may testify concerning the Claimant's PPD evaluation;
- 4. Jay Betz, M.D. Dr. Betz may testify concerning the Claimant's PPD evaluation and his subsequent review; and,
 - 5. Rebuttal or impeachment witnesses as may be necessary.

IV.

ESTIMATED HEARING TIME

Approximately one (1) hours.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding EMPLOYER'S PREHEARING STATEMENT filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: October 2018.

McDONALD CARANO LLP

y. 1000

LISA WILTSHIRE ALSTEAD

P.O. Box 2670

Reno, Nevada 89505-2670

Attorneys for Employer

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 23rd day of October, 2018, I served true and correct copies of the **EMPLOYER'S PREHEARING STATEMENT** in the manner provided below, to the following parties at the addresses referenced below:

☐ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered/Filing ☐ Facsimile	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☑ U.S. Mail☐ Email☐ FedEx☐ Hand Delivered☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520
	An Employee of McDonald Carano LLP

4820-1939-1609, v. 1

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701

FILED

OCT 2 4 2018

DEPT. OF ADMINISTRATION APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

Claim No:

15853E839641

7

Hearing No: 1803718-JL 1803717-JL

9

1

2

3

4

5

6

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Appeal No:

1900471-RKN

KIMBERLY KLINE,

Claimant.

ORDER

For good cause, the Claimant's request for continuance is granted. This matter is reset for hearing on:

DATE:

Friday, January 18, 2019

TIME:

10:00 AM

IT IS SO ORDERED.

APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

7 KIMBERLY KLINE 305 PUMA DR 8 WASHOE VALLEY, NV 89704-9739

9 HERBERT SANTOS JR, ESQ 10 225 S ARLINGTON AVE STE C RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

14 CCMSI 15 PO BOX 20068 RENO, NV 89515-0068

> LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR RENO NV 89501

> > Dated this 24 day of October, 2018.

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

24

1

2

3

4

5

6

11

17

18

19

20

21

22

23

25

26

27

28

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701

FILED

SEP 17 2018

DEPT. OF ADMINISTRATION APPEALS OF JOHN

In the Matter of the Contested Industrial Insurance Claim of:

Claim No: 15853E839641

Hearing No: 1801761-JL

NUS

Appeal No:

1802418-RKN

KIMBERLY KLINE,

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Claimant.

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Thursday, September 20, 2018

TIME: 1:15 PM

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

APPEALS OFFICER

1

AA 1619

1413

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

12 CITY OF RENO ATTN ANDRENA ARREYGUE PO BOX 1900 RENO, NV 89505

14 CCMSI 15 PO BOX 20068 RENO, NV 89515-0068

> LISA WILSHIRE ALSTEAD PO BOX 2670 RENO NV 89505

> > Dated this _____ day of September, 2018.

rauditiol in

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

23

1

2

3

4

5

6

7

8

9

10

11

17

18

19

20

21

22

24

2526

27

28

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450 CARSON CITY, NV 89701

FILED

SEP 1 1 2018

DEPT. OF ADMINISTRATION APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

Claim No:

15853E839641

Hearing No: 1803718-JL

1803717-JL

8 9

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

1

2

3

4

5

6

7

Appeal No:

1900471-RKN

KIMBERLY KLINE, 10

Claimant.

ORDER

The Employer filed its Motion for Temporary Stay Order Pending Appeal on August 14, 2018. After careful consideration, noting the Claimant's opposition, the Motion for Temporary Stay Pending Appeal is DENIED.

IT IS SO ORDERED.

Rajinder K Nielsen APPEALS OFFICER

1

AA 1621

1415

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. William #450, Carson City, Nevada, to the following:

KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

11 CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

14 CCMSI 15 PO BOX 20068 RENO, NV 89515-0068

> LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR RENO NV 89501

> > Dated this 11 day of September, 2018.

Brandy Fuller, Legal Secretary II Employee of the State of Nevada

25

26

1

2

3

5

6

7

8

9

10

17

18

19

20

21

22

23

24

27

28

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

NEVADA DEPARTMENT OF ADMINISTRATION BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Claim of:

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Claim No.: Hearing No.: 15853E839641 1803717-JL

1803717-JL 1803718-JL

Appeal No.:

1005710-3L

1900471-RKN

KIMBERLY KLINE,

Claimant.

AUG 3 1 2018

DEPT. OF ADMINISTRATION APPEALS OFFICER

CLAIMANT'S OPPOSITION TO MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL

COMES NOW the Claimant, KIMBERLY KLINE, by and through her attorney, HERB SANTOS, JR., Esq., of THE LAW FIRM OF HERB SANTOS, JR., and hereby respectfully submits her *CLAIMANT'S OPPOSITION TO MOTION FOR TEMPORARY STAY*ORDER PENDING APPEAL.

This Opposition is made and based upon the attached memorandum of points and authorities, Exhibit 1, pages 1 through 159, Exhibit 2, Exhibit 3, Exhibit 4, Exhibit 5, and all papers and pleadings on file herein.

Respectfully submitted this 30 day of August, 2018.

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C Reno, Nevada 89501

Ву

HERB SANTOS, JR., Esq. Attorney for Claimant

MEMORANDUM OF POINTS AND AUTHORITIES

The Employer's counsel filed its Motion for Stay on or about August 14, 2018. The Insurer appealed the Hearing Officer decision dated July 19, 2018. *Exhibit 1, pages 1-3*. Said decision **REVERSED** the Insurer's determinations dated May 24, 2018 and June 13, 2018. The May 24, 2018 determination advised the Claimant that the Insurer was holding the PPD rating of Dr. Jempsa in abeyance pending a review by its doctor, Dr. Jay Betz. *Exhibit 1, pages 4-17*. The June 13, 2018 determination letter advised the Claimant that the insurer was offering the prior PPD award by Dr. Anderson. *Exhibit 1, pages 18-24*.

A. STATEMENT OF FACTS.

The Claimant is employed by The City of Reno as a parking enforcement officer. On June 3, 2015 and again on June 25, 2015 the Claimant was rear ended in her work vehicle by another vehicle. The June 25, 2015 accident and claim are the subject of this appeal hearing. The driver of the vehicle who hit the vehicle the Claimant was driving on June 25, 2015, was cited for duty to decrease speed or use due care. *Exhibit 1, pages 25-30*. The Claimant felt pain in her low back and presented to St. Mary's Regional Medical Center. Dr. Noh's impression was that the Claimant suffered acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. Dr. Noh advised the Claimant to apply ice, restricted her from lifting greater than ten (10) pounds, restricted her from bending or stooping, and prescribed Flexeril, Norco, and Prednisone. *Exhibit 1, pages 31-35*. Dr. Law completed the C-4 form and diagnosed the Claimant with acute lumbar strain status post motor vehicle accident and completed a progress report releasing her to restricted/modified duty from June 25, 2015 until cleared by a workers' compensation doctor. *Exhibit 1, page 36*.

On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder with associated stiffness and lumbar and thoracic pain described as diffuse, with no red flags, no numbness or weakness in the legs [emphasis added]. Dr. Hall assessed the Claimant suffered a sprain of the neck and sprain of the lumbar region, recommended chiropractic care, returned the Claimant to work full duty, and advised her to return in two weeks. Exhibit 1 1624

pages 37-40.

The Claimant presented to Dr. Brady for chiropractic care on July 1, 2015. Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. *Exhibit 1, pages 41-44*. The Claimant saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. *Exhibit 1, pages 45-52*.

The Claimant returned to see Dr. Hall on July 14, 2015. The Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hall recommended the Claimant have six physical therapy sessions. *Exhibit 1, pages 53-55*.

On July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. *Exhibit 1*, page 56.

The Claimant began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical sprain/strain with pain. *Exhibit 1, pages 57-59*. The Claimant continued physical therapy treatment on August 11th, 18th, and 20th, 2015. *Exhibit 1, pages 60-62*.

The Claimant returned to see Dr. Hall on August 20, 2015. Dr. Hall noted that the Claimant reported improvement in her neck symptoms with only mild muscular tightness, and that physical therapy had been helpful. Dr. Hall recommended that the Claimant finish her physical therapy and to keep him advised as to her physical status. *Exhibit 1, pages 63-64*.

The Claimant returned to physical therapy on August 25, 2015 with complaints of pain in her neck and low back that was less consistent and not as intense, neck tightness that came and went, as well as low back pain/pressure. *Exhibit 1, pages 65-66*.

The Insurer issued a notice of intention to close the Claimant's claim on August 27, 2015. Exhibit 1, page 67.

The Claimant had additional physical therapy sessions with P.T. Bruesewitz on September 1st, 3rd, 10th, 14th, 21st, and 23rd, 2015 for her low back and neck complaints. *Exhibit 1, pages 68-*73.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

The Claimant presented to Dr. Hall on September 23, 2015. The Claimant reported improvement in her neck discomfort. Dr. Hall recommended a recheck in two weeks. Exhibit 1, pages 74-76. On September 29, 2015, the Claimant was re-evaluated by P.T. Bruesewitz. The Claimant reported that she had a flare-up and began to have increased pain, tightness and spasms in the right neck and upper trapezious area. The Claimant had significant tightness with decreased right rotation of the neck. P.T. Bruesewitz recommended additional physical therapy twice per week for five weeks. Exhibit 1, pages 77-80.

The Insurer issued a letter rescinding claim closure on October 1, 2015. Exhibit 1, page 81.

P.T. Bruesewitz noted that the Claimant felt her neck was a little better but still tight on the right side at her therapy visit on October 5, 2015. The Claimant completed physical therapy on October 7th, 12th, 14th, 21st, and 26th, 2015. The Claimant was discharged from physical therapy on October 26, 2015 to a home exercise program. Exhibit 1, pages 82-87.

On October 28, 2015, the Claimant was again seen by Dr. Hall. He noted that the Claimant had no neck symptoms and that she had completed treatment. Exhibit 1, pages 88-90.

The Insurer issued a notice of intention to close the Claimant's claim on November 6, 2015. Exhibit 1, page 91. The Claimant appealed this determination and Hearing Number 55487-JL was scheduled for February 17, 2016.

On January 13, 2016, the Claimant saw Dr. Hansen for chiropractic care for her neck pain. Dr. Hansen's assessment was that the Claimant had cervical disc displacement, unspecified cervical region. Dr. Hansen noted that the Claimant was involved in two motor vehicle accidents which resulted in workers' compensation treatment for neck and shoulder pain. Dr. Hansen felt that there was a high probability within a medical degree of certainty that the Claimant's injuries were related to the rear-end collision she had recently sustained. Dr. Hansen recommended nonsurgical spinal decompression coupled with Class IV deep tissue laser therapy four (4) times per week for four (4) weeks, undergo re-examination, and continue with care at two (2) times a week for two (2) weeks pending no unforseen issues or conditions. Dr. Hansen also recommended the Claimant undergo a MRI. Exhibit 1, pages 92-94. The Claimant had the MRI on January 13, 2016, which revealed disc degeneration with large disc protrusions at the C5-6 and C6-7 keyels 1626

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia. Exhibit 1, page 95.

The Claimant returned to see Dr. Hansen on January 14, 2016. Dr. Hansen referred the Claimant to Dr. Muir for evaluation and treatment as she was in a significant amount of pain with numbness in her left upper extremity. Dr. Hansen reviewed the MRI which revealed two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. Exhibit 1, pages 96-97.

The Claimant returned to see Dr. Hansen for twenty (20) visits from January 15, 2016 through March 16, 2016. The Claimant continued to suffer from her C5-6 and C6-7 disc injury that caused severe left arm and forearm pain with numbness in the forearm and first two digits. Dr. Hansen noted that the Claimant improved greatly from the spinal decompression and only had mild pain in the left arm with the ability to perform all of her routine daily activities. Dr. Hansen instructed the Claimant to do home exercises and instructed her to return to see him for any flare ups that last longer than three days. Exhibit 1, pages 98-132.

On February 25, 2016, the Hearing Officer, in Hearing Number 55487-JL, remanded the Insurer to forward the Claimant's MRI results to Dr. Hall and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer was ordered to issue a new determination regarding the further disposition of the Claimant's claim. Exhibit 1, pages 133-135.

The Insurer questioned Dr. Hall and on March 16, 2016 Dr. Hall responded. Dr. Hall opined that it was likely that Claimant had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury, but he noted no evidence of neurologic symptoms during his treatment of her industrial injuries. Dr. Hall found no objective evidence connecting the MRI findings from January 13, 2016 and the industrial injury. Dr. Hall opined that the Claimant recovered completely from the industrial injury on June 25, 2015 by the end of October 2015. Exhibit 1, pages 136-137.

On March 24, 2016, the Insurer issued a determination letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. Exhibit 1, page 138.

Due to the Claimant's ongoing complaints, she saw Dr. Sekhon on July 5, 2016 pursuant to a referral of Dr. Hansen. Dr. Sekhon's impression was: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Dr. Sekhon noted that the Claimant stated that she never had these arm symptoms before these accidents and although she may have had preexisting spondylosis, the accident probably exacerbated her underlying stenosis. Dr. Sekhon offered to perform a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion. *Exhibit 1, pages 141-146*. At the request of Dr. Sekhon, the Claimant had x-rays taken on July 5, 2016, which revealed mild grad 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view and moderate degenerative disc disease at C5-6 and C6-7. *Exhibit 1, page 147*.

The Claimant was released MMI, stable and rateable on September 11, 2017. Exhibit 1, pages 148-149.

The Claimant was seen by a rating doctor on November 10, 2017 and was found to have suffered a 6% whole person impairment. *Exhibit 1, pages 150-156*. Dr. Anderson apportioned 75% of the PPD as being pre-existing. *Exhibit 1, pages 155-156*. The Insurer offered the 6% which the Claimant timely appealed. A hearing was held on January 10, 2018 and the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and ordered a second PPD evaluation pursuant to her discretion under NRS 616C. *Exhibit 1, pages 157-159*.

The Claimant was seen by Dr. James Jempsa for the second PPD examination. Dr Jempsa found that the Claimant suffered a 27% whole person impairment. *Exhibit 1, pages 5-16*. The Insurer queried Dr. Jempsa about apportionment. Dr. Jempsa issued an addendum in which he stood by his original rating. *Exhibit 1, page 17*. It is clear and undisputed that the Claimant provided Dr. Jempsa information regarding her prior spine condition. *Exhibit 1, pages 200-208*

Knowing that this Court already found a medical question regarding the Dr. Anderson PPD and Dr. Betz review, the Insurer rejected Dr. Jempsa's PPD findings and re-offered the original 628

PPD. Exhibit 1, page 18.

B. LEGAL ANALYSIS.

1. THE EMPLOYER CANNOT ESTABLISH THAT IT WOULD LIKELY PREVAIL ON THE MERITS AS THE PREPONDERANCE OF THE EVIDENCE SUPPORTS THE CONCLUSION THAT THE CLAIMANT'S PPD SHOULD NOT BE APPORTIONED.

NRS 616B.612(1) requires an employer to provide compensation in accordance with the terms of the Nevada Industrial Insurance Act for any employee injuries "arising out of and in the course of the employment." One of the benefits available to an injured employee is that of the permanent partial disability. Nevada has adopted the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition [hereinafter referred to as the "AMA Guides"] NRS 616C.110 The AMA Guides was originally published in 1971 to establish "a standardized, objective approach to evaluating medical impairments" for purposes of workers' compensation benefits. AMA Guides, supra, § 1.1, at 1. The AMA Guides set forth impairment criteria that certified rating physicians and chiropractors are able to use to evaluate injured workers and give them an "impairment percentage or rating." Id. § 1.2, at 4.

Impairment ratings reflect functional limitation, rather than disability, and demonstrate the severity of the medical condition and the "degree to which the impairment decreases an individual's ability to perform common activities of daily living." *NAIW v. Nevada Self-Insured Association*, 126 Nev. Advanced Opinions 7, page 2 (2010).

The Employer recycles essentially the same flawed opinion from Dr. Betz which completely ignored the prior AO decision which identifies and establishes the accepted industrial conditions. This Court found a medical question under NRS 616C.330(3) and ordered a second PPD examination. As stated in the Claimant's Opposition to Motion for Stay filed in AO 1802418-RKN, Dr. Anderson offered opinions and made conclusions of the pre-existing condition which disregarded the prior litigated facts and judicial adjudications of the effect of the pre-existing conditions on the subject claim. Dr. Anderson's report confirmed that he was never provided the AO Decision which specifically determined the following facts:

1. The industrial accident aggravated the pre-existing condition and that the industrial 29

25

26

27

28

1

2

3

4

5

6

7

8

9

injury was the substantial contributing cause of the resulting condition. Exhibit 1, pages 167-168.

- The two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left 2. NFS at each level were directly related to the industrial accident. Exhibit 1, page 167.
- The conditions claimed by the Claimant are casually related to the subject industrial 3. accident. Exhibit 1, page 168.
- The Claimant's injuries were related to the rear-end collision she sustained. Exhibit 4. 1, page 168.

Dr. Anderson's apportionment was incorrectly based on the position that the discs were preexisting. Exhibit 1, page 155. Dr. Anderson specifically stated that "it was not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier." Exhibit 1, page 155. As stated in the prior Opposition, this statement alone is sufficient justification to set the PPD of Dr. Anderson aside. Couple this with the list of factual mistakes contained in Dr. Anderson's report and the entire report of Dr. Anderson, notwithstanding Dr. Betz's review, renders the entire report fatally flawed. The Claimant respectfully re-submits the comparison which was detailed in the prior Opposition.

Dr. Anderson's Findings	Facts which contradict Dr. Anderson's Findings.
1. The Claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6/30/2015). After at the cervical strain could be described as slight.	The Claimant complained of neck pain ion the day of the accident as documented in the C-4. Exhibit 1, page 36. The C-1 also documents that the Claimant complained of neck pain. Exhibit 1, page 160. On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder associated with stiffness. Exhibit 1, pages 37-40. On July 1, 2015, Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7. Exhibit 1, pages 41-44. On July 14, 2015, the Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hansen's assessment was that the Claimant had cervical disc displacement. Exhibit 1, pages 53-55.

2. The finding of the cervical spine spondylosis, stenosis and disc bulges cannot be logically attributable to this car accident/work injury. These findings provided indication for fusion surgery in the cervical spine.	It is already judicially determined that the two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. <i>Exhibit 1</i> , pages 167-168.
3. The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December 2015. She had no upper extremity symptoms at the time of release of care.	The Claimant made repeated complaints to her doctors regarding her cervical pain. Exhibit 1, pages 171-199. Specifically pages 175, 176, 177, 178, 179, 181, 184, 186, 189, 190 and 196.
4. The work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.	The Claimant had no prior pre-industrial accident symptoms. The industrial injury was judicially determined to be the substantial contributing cause of the resulting condition which required surgery. <i>Exhibit 1, pages 167-168</i> . There was no evidence that the Claimant would have ever needed surgery but for the industrial accident.

The law of this claim, which is not subject to re-litigation, is that the two large left paracentral disc protrusions at C6-6 and C-7 which are causing severe left NFS at each level were caused by the industrial accident. Dr. Anderson's opinions are flawed as are Dr. Betz as they ignore the judicial determination that the primary cause of the resulting condition of the Claimant is the industrial injures.

Dr. Betz attempts to discredit Dr. Jempsa's PPD findings as to the Claimant's range of motion [ROM]. Dr. Betz opines that since Dr. Jempsa's ROM findings are different than Dr. Anderson's findings and therefore Dr. Anderson's findings have priority. *Exhibit 1, pages 19-24*. This is a red herring as Dr. Betz later concedes that the ROM is not relevant as Dr. Anderson eventually used the DRE category to determine the rating. According to Dr. Anderson, the rating would be 25% whole person. Dr. Jempsa concluded that the impairment was 27%. Thus, the difference in the ratings is 2%. The question is whether it is appropriate to apportion the rating, and if so, how much.

a. APPORTIONMENT.

The basis for Dr. Anderson's 75% apportionment of the Claimant's rating is based on his conclusion that the work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause. The Court already ruled that it was. In addition, AA 1631

Anderson opined that the finding of the cervical spine spondylosis, stenosis and disc bulges could not be logically attributable to this car accident/work injury and that it was these findings which provided indication for fusion surgery in the cervical spine which he opined were non-industrial. The Court already ruled that they were caused by the industrial accident.

Dr. Jempsa, on the other hand, did not feel that apportionment was appropriate after reviewing the Claimant's prior history. He based this opinion on the fact that there was no rateable impairment prior to the industrial injury.

Nevada law is clear. Apportionment of a pre-existing condition for a PPD is required under Nevada law. NRS 616.490(9) states:

"Where there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury."

In addition, the Nevada Administrative Code provides specific guidelines for apportionment of pre-existing conditions. The applicable code states in pertinent part:

NAC 616C.490 Apportionment of impairments. (NRS 616A.400, 616C.490)

- 1. If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease or condition, the rating physician or chiropractor, except as otherwise provided in subsection 9, shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee may receive compensation for that portion of his impairment which is reasonably attributable to the present industrial injury or occupational disease and may not receive compensation for that portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee is not entitled to receive compensation for his impairment if the percentage of impairment established for his preexisting or intervening injury, disease or condition is equal to or greater than the percentage of impairment established for the present industrial injury or occupational disease.
- 5. Except as otherwise provided in subsection 6, if a rating evaluation was completed in another state for a previous injury or disease involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present industrial injury or occupational disease, or if no previous rating evaluation was performed, the percentage of impairment for the previous injury or disease and the present industrial injury or occupational disease must be determined by using the Guide, as adopted by reference pursuant to NAC 616C.002. The apportionment must be determined by subtracting the percentage of impairment established for the previous injury or disease from the percentage of impairment established for the present industrial injury or occupational disease.

 AA 1632

6. If precise information is not available, and the rating physician or chiropractor is
unable to determine an apportionment using the Guide as set forth in subsection 5, an
apportionment may be allowed if at least 50 percent of the total present impairment is due
to a preexisting or intervening injury, disease or condition. The rating physician or
chiropractor may base the apportionment upon X rays, historical records and diagnoses
made by physicians or chiropractors or records of treatment which confirm the prior
impairment.

- 7. If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, obesity or congenital malformations, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.
- 8. A rating physician or chiropractor shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the health care records or other records.
- 9. If no documentation exists pursuant to subsection 7 or 8, the impairment may not be apportioned.

[Comm'r of Insurance & Industrial Comm'n, No. 41 § 9, eff. 5-13-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; 6-23-86; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001) [Emphasis added]

The requisite determination of the rating physician is to determine the "scope and the nature of the impairment which existed before the industrial injury or the onset of disease." NAC 616C.490(7). The AMA Guides also provides specific instruction for apportionment. According to the AMA Guides, an apportionment analysis represents a distribution or allocation of causation among multiple factors that caused or significantly contributed to the injury or disease and resulting impairment. AMA Guides, 5th Edition, page 11. Before determining apportionment, the physician needs to verify that all of the following information is true for an individual:

- 1. There is documentation of a prior factor.
- 2. The current permanent impairment is greater as a result of the prior factor (i.e. prior impairment, prior injury, or illness).
- There is evidence indication the prior factor caused or contributed to the impairment, based upon a reasonable probability.

AMA Guides, 5th Edition, page 11

According to the *AMA Guides*, the apportionment analysis must consider the nature of the impairment and its possible relationship to each alleged factors. Most important is that the rating

physician must provide an explanation of the medical basis for all of the conclusions and opinions regarding apportionment. The most recent impairment rating is calculated and then the prior impairment is calculated and deducted.¹

The AMA Guides must be followed and a rating physicians report must not be left to speculation and guesses. There is no evidence that the Claimant had any ratable impairment at the time of her current industrial injury. Scientific methodology must be followed otherwise the rating physician opinion cannot meet the reasonable degree of medical certainty standard. This methodology requires an apportionment analysis as set forth in the AMA Guides. Without such an analysis, apportionment is not warranted. Further, the language of NRS 616C.490(1) is mandatory. The rating physician shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. NRS 616C.490(1). [Emphasis added.] Without the proper apportionment analysis required by both Nevada law and the AMA Guides, prior medical records confirming that there was a rateable, prior residual impairment, and proof of a residual impairment at the time of the industrial injury [which would be rateable under the AMA Guides], there can be no reasonable, substantiated apportionment.

Nevada law requires that there be documentation concerning the scope and the nature of the impairment which existed before the industrial injury. NAC 616C.490(7). Neither Dr. Anderson or Dr. Betz provide any analysis of what impairment the Claimant had before the industrial accident. Neither Dr. Anderson or Dr. Betz appear to have been provided with the prior medical records. The Insurer had these records as they admitted them into evidence in AO 56832-RKN on July 13, 2016. The Claimant was seen for her lumbar spine on May 11, 2015.

Another example is given on page 20 of the book entitled Master the AMA Guides, Fifth Edition AA 1634

¹ The AMA Guides provides the following example:

[&]quot;...in apportioning a spine impairment rating in an individual with a history of a spine condition, one should calculate the current spine impairment. Then calculate the impairment from any pre-existing spine problem. The preexisting impairment rating is then subtracted from the present impairment rating to account for the effects of the former. This approach requires accurate and comparable data for both impairments." AMA Guides, 5th Edition, page 12.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

According to Dr. Men-Muir, a board certified back surgeon at the Reno Orthopedic Clinic, the Claimant did not meet any criteria for back surgery. A review of the medical report does not show any condition that would be rateable for either the lumbar or more importantly, the cervical spine. There was no evidence of numbness or tingling. There was no weakness. There were no mechanical symptoms. There was no grinding, locking or popping of her back. There were no headaches. There were no symptoms of musculoskeletal joint swelling, stiffness, joint pain, back pain, muscle weakness or neck pain. There were no neurological symptoms. The Claimant had negative straight leg raising. The Claimant's lumbar range of motion was within normal limits with some pain except as to extension which had some limitations.2 There was no examination of the cervical spine range of motion because there were no complaints. Sensory examination was normal. Faber Test was negative.³ Trendelenburg Test was negative.⁴ The Claimant had a normal gait. Reflexes and motor functions were normal. There was no thigh or calf atrophy. The Claimant could walk on her heels and toes [L5-S1 integrity: inability to walk on the toes indicates alterations in sacral first nerve root integrity as well as possible lumbar disc fifth involvement; inability to walk on the heels indicates lumbar fifth nerve root integrity as well as the lumbar disc fourth)⁵, was able to squat and tandem walk (tests to bring out abnormalities in gait and balance).⁶ There is nothing in the medical report which would result in any kind of rating for the cervical spine. Essentially the Claimant had non-symptomatic cervical conditions which in all likelihood

² According to the Claimant, Dr. Men-Muir did not use any device to measure her range of motion. He simply asked her to bend forward and touch her toes and bend backward. Exhibit 1, pages 209-214.

The Faber Test is a passive screening tool for musculoskeletal pathologies, such as hip, lumbar spine, or sacroiliac joint dysfunction, or an iliopsoas spasm. Exhibit 2. FABER Test, https://www.physio-pedia.com/index.php?title=FABER_Test&oldid=196799

⁴ The purpose of the Trendelenburg Test is to identify weakness of the hip abductors. Beside the identification of weakness in the hip abductors of the standing leg, the Trendelenburg test can be used to assess other mechanical, neurological or spinal disorders, such as the Congenital dislocation of the hip or hip subluxation. Exhibit 3. Trendelenburg Test, https://www.physio-pedia.com/index.php?title=Trendelenburg_Test&oldid=196811

⁵ http://www.infojustice.com/samples/35%20The%20Limited%20Orthopedic%20Examination %20of%20the%20Upper%20Torso%20by%20Dr.%20Scott%20David%20Neff%20CFE.html Exhibit 4.

http://www.neuroexam.com/neuroexam/content38.html. Exhibit 5.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

would have been a 0% whole person impairment. To apportion 75% of the rating due to preexisting cervical condition when a month before the accident there were no symptoms in the cervical spine renders the Dr. Anderson and Dr. Betz opinions fatally flawed and not supported by the evidence. When Dr. Betz states that if there had been an aggravation of the pre-existing pathologies, "the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later." Clearly Dr. Betz either ignored or did not read the medical records which clearly documents cervical complains of neck pain on the day of the accident as documented in the C-4 and in the C-1. Exhibit 1, pages 36 and 160. Dr. Betz either ignored or did not read the medical records for the visit on June 30, 2015 when the Claimant complained of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder associated with stiffness. Exhibit 1, pages 37-40. Dr. Betz either ignored or did not read the medical records for the visit on July 1, 2015, when Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7. Exhibit 1, pages 41-44. One would conclude that since there were complaints within days and weeks of the industrial accident that there was a significant aggravation. However, the fusion was required due to the stenosis caused by the herniated disks. Those disk have been judicially determined to be caused by the industrial accident. Therefore the fusion, which Dr. Betz states is the "basis for the patient's substantial permanent partial impairment" is industrially caused. Dr. Betz and Dr. Anderson's conclusion that the disks were not caused by the industrial accident renders their opinions worthless.

NRS 616C.490 requires that there be evidence that a rateable impairment (as defined in the AMA Guides) existed on the date of the industrial injury for apportionment to occur. NAC 616C.490 clarifies the nature and quantum of medical evidence necessary to sustain an apportionment. In this case there is no evidence that a rateable impairment existed on the date of the industrial injury. Neither Dr. Anderson or Dr. Betz explain the nature and scope of the impairment that existed at the time of the industrial accident. Nevada law is clear and in this case, the impairment may not be apportioned.

For these reasons, the Employer cannot demonstrate that they are likely to prevail on the merits. The stay should be denied and the Employer ordered to comply with the Hearing Afficer's 36 Decision.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

2. THE INSURER WILL NOT SUFFER IRREPARABLE HARM IF THE STAY IS NOT GRANTED.

A stay will force the Claimant to have to wait to finalize her rating. The Insurer does not submit any legitimate argument about being harmed. They do not argue that they will suffer irreparable harm. They do not argue that the harm to the Claimant if a stay is granted would not substantially outweigh the harm to the Insurer if the stay was denied. The failure to make these arguments with facts to support them clearly demonstrates that this motion is without merit.

The Claimant would submit that having to wait until this matter is before the Appeals

Officer will result in an unreasonable delay of finalizing her claim. The Insurer should have to
comply with the Hearing Officer's decision. The Employer will only have to make installments
pending the outcome of the appeal.

3. CONCLUSION.

The Insurer's Motion for Stay should be denied for the following reasons:

- 1. The Insurer has not established that it is likely to prevail on the merits;
- 2. The Insurer has not established that the Claimant will not suffer irreparable harm if the stay is granted; and
- The harm to the Claimant of a stay is granted would substantially outweigh the harm to the Insurer if the stay was denied.

THEREFORE, the Claimant respectfully requests that Insurer's Motion for Stay be denied.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in the above referenced

///

///

27 ///

28 1 / / /

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

appeal number, does not contain the social security number of any person.

DATED this 30 day of August, 2018.

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C Reno, NV 89501

By:

HERB SANTOS, JR., Esq. Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR. 225 South Arlington Avenue, Suite C, Reno, Nevada, 89501 Tel: (775) 323-5200 Fax: (775) 323-5211

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

CITY OF RENO ATTN: ANDRENA ARRYGUE P. O. BOX 1900 RENO, NV 89505

CCMSI P.O. BOX 20068 RENO, NV 89515

LISA ALSTEAD, ESQ. PO BOX 2670 RENO, NV 89505

DATED this day of August, 2018.

Jamayhe Leef

EXHIBIT 1

EXHIBIT 1

AA 1640

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION **HEARINGS DIVISION**

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1803717/1803718-JL

Claim Number:

15853E839641

KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739

CITY OF RENO

ATTN ANDRENA ARREYGUE

PO BOX 1900

RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's requests for Hearings were filed on June 19, 2018, and a Hearings were scheduled for July 12, 2018. The Hearings were held on July 12, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herbert Santos, Jr., were present by telephone conference call. The Employer/Insurer were represented by Lisa Wiltshire Alstead, Esquire, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determinations dated June 13, 2018 and May 24, 2018. The issues before the Hearing Officer are the 6% permanent partial disability (PPD) award and the 27% PPD held in abeyance.

DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED**.

Under Decision and Order Number 1801761-JL, the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and instructed the Insurer to schedule the Claimant for a second PPD evaluation pursuant to NRS 616C.330. On May 8, 2018, the Claimant was evaluated for a second PPD by Dr. Jempsa wherein Dr. Jempsa awarded a 27% PPD. On May 24, 2018. the Claimant was noticed that the 27% PPD would be held in abeyance pending the results of a PPD review by Dr. Betz. On June 13, 2018, the Insurer noticed the Claimant that Dr. Betz agreed with Dr. Anderson's PPD evaluation and offered him the original 6% PPD, the instant appeals. A review of Dr. Jempsa's PPD evaluation establishes that said evaluation was conducted in accordance with the AMA Guides. As such, the Hearing Officer finds that no medical evidence has been presented to justify the 75% apportionment and the Claimant is entitled to the 27% PPD award determined by Dr. Jempsa.

In the Matter of the Contested Industrial Insurance Claim of Hearing Number: Page two

KIMBERLY KLINE 1803717/1803718-JL

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 19th day of July, 2018.

Jason Luis, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ 225 S ARLINGTON AVE STE C RENO NV 89501

CITY OF RENO ATTN ANDRENA ARREYGUE PO BOX 1900 RENO, NV 89505

LISA M WILTSHIRE ALSTEAD ESQ MCDONALD CARANO WILSON 100 W LIBERTY ST 10TH FLOOR RENO NV 89501

CCMSI PO BOX 20068 RENO, NV 89515-0068

DIR
WORKERS COMP SECTION
INTERDEPARTMENTAL MAIL
400 W KING ST
CARSON CITY NV

Dated this 19th day of July, 2018.

Susan Smock

Employee of the State of Nevada



May 24, 2018

KIMBERLY KLINE 305 Puma Dr Washoe Valley, NV 89704-9739

Re:

Claim No.:

15853E839641

D.O.I.:

6/25/2015

Employer:

Cit- - 5 D ---

Body Parts:

City of Reno

cervical

Dear Ms. Kline:

We are in receipt of Dr. Jempsa's PPD rating dated 5/14/2018. We have asked Dr. Betz to review Dr. Anderson's and Dr. Jempsa's PPD report and provide an opinion regarding apportionment.

Please be advised that we are holding the Permanent Partial Disability award in abeyance pursuant to NAC 616C.103. Upon receipt of Dr. Betz response, a new determination will be rendered regarding the permanent partial disability award.

If you disagree with this determination, you may request a hearing before a Hearing officer by completing the enclosed "Request For Hearing:" form within seventy (70) days after the date on which this notice was mailed and sending it to the State of Nevada, Department of Hearings, Carson City.

Sincerely,

Claims Representative

CC:

City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc:

D-12a (Appeal Rights) PPD report, addendum report

JAMES C. JEMPSA, DO

Reno, Nevada

Telephone:

775-786-9072

Fax:

775-787-6430

Lisa Jones CCMSI PO Box 20068

Reno, NV 89515

Telephone: 775-324-3301

Fax: 775-324-9893

PERMANENT PARTIAL DISABILITY EVALUATION

RE:

CLAIMANT:

Kimberly Kline

SSN:

XXX-XX-2795 15853E839641

CLAIM NO.: DOI:

06/25/2015

EMPLOYER:

City of Reno

DATE OF EXAM:

05/08/2018

DATE OF REPORT:

05/14/2018

BODY PARTS:

1. Cervical.

DIAGNOSIS:

1. Multilevel cervical fusion.

PLACE OF EXAMINATION: Reno, Nevada.

INTRODUCTION: The claimant presents to our office today for a Permanent Partial Disability rating performed in accordance with the Fifth Edition, Sixth Printing, AMA Guides to the evaluation of Permanent Impairment. The claimant was informed with regards to the purpose of this examination. It is understood that there is no patient/treating physician relationship established on the basis of today's examination. It was explained that the evaluation was requested by the referral source and the report will be sent to the referral source upon completion.

Page 1 of 12

Received

AA 1645

MAY 1 4 2018

SCANNED

Dear Lisa Jones:

Kimberly Kline sustained industrial injury to her neck on June 25, 2015. She subsequently went on to have a multilevel fusion of her cervical spine. She presents today for a PPD evaluation of the cervical spine.

PERSONAL DATA:

The claimant was identified by her picture on a Nevada Driver's License #0701144556. She gives a birth date of 10/07/1979 making the claimant 38 years of age at the time of this evaluation.

The claimant has lived in Reno for approximately the last 38 years.

She has completed school greater than 16 years.

Received

The claimant has not served in the military.

MAY 1 4 2018

REVIEW OF MEDICAL RECORDS:

CCMSI-Reno

All significant medical records provided were reviewed.

On June 25, 2015 initial evaluation at St. Mary's Regional Medical Center. History of Present Illness: Chief Complaint: Back injury and back pain. It is described as being moderate degree of pain in the upper lumbar mid lumbar and lower lumbar spine radiating into the right thigh and the left thigh. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Past History: The patient had prior back pain. Physical Exam: Neck: Normal inspection. Neck nontender. Painless range of motion. Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. Neuro: No motor deficit. No sensory deficit. Reflexes normal. Impression: Acute lumbar radiculopathy. Sprain of lumbar spine. Acute pain in the lower back. Prescription Medications: Flexeril, Norco and prednisone.

On June 30, 2015 evaluation at Specialty Health Clinic. Chief Complaint: Back-2nd MVA 6-25-15. History of Present Illness: Patient was involved in a second motor vehicle accident on June 25, 2015 when she was rear-ended at high-speed. Currently the patient reports: 1. Neck discomfort-moderate, diffuse, radiation into the right shoulder, associated stiffness. 2. Lumbar and thoracic pain-diffuse, nonradiating, no red flags, no numbness or weakness reported and legs. Physical Exam: Cervical exam-mild diffuse muscular tenderness to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, rauge of motion, flexion 40°, extension 50°, lateral rotation 70° bilaterally with pain at extremes. Assessment: Sprain of neck. Plan: Chiropractic, full duty, return in two weeks.

On May 11, 2015 initial evaluation by Dr. Men-Muir. He evaluated her low back.

On July 14, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness. Physical Exam: Musculoskeletal: Neck-normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On August 20, 2015 follow-up visit at Specialty Health Clinic. Chief Complaint: Cervical strain. History of Present Illness: Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues. Physical Exam: Musculoskeletal: Exam-normal inspection, mild muscular tenderness palpation over the trapezius, full motion with grossly normal strength and sensation in arms. Assessment: Sprain of neck. Plan: Full duty, MMI.

On September 23, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improving neck discomfort, rated 3/10, Central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms. Physical Exam: Musculoskeletal: Neck exam-normal inspection, minimal muscle tenderness to palpation, full motion, normal strength and sensation in both arms. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On October 28, 2015 follow-up visit at Specially Health Clinic. History of Present Illness: Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. Patient has completed treatment. Physical Exam: Musculoskeletal: Neck exam-normal inspection, nontender to palpation, full motion with grossly normal strength. Assessment: Sprain of ligament of the cervical spine Plan: Full duty, MMI.

On January 13, 2016 MRI of the cervical spine without contrast impression: Disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspect of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

On January 13, 2016 chiropractic treatment by Dr. Hansen.

On January 14, 2016 chiropractic treatment by Dr. Hansen.

On January 15, 2016 chiropractic treatment by Dr. Hansen.

On January 18, 2016 chiropractic treatment by Dr. Hansen.

On January 19, 2016 chiropractic treatment by Dr. Hansen.

On January 20, 2016 chiropractic treatment by Dr. Hansen.

Received

On January 21, 2016 chiropractic treatment by Dr. Hansen.

On January 25, 2016 chiropractic treatment by Dr. Hansen.

On January 26, 2016 chiropractic treatment by Dr. Hansen.

On January 27, 2016 chiropractic treatment by Dr. Hansen.

On January 28, 2016 chiropractic treatment by Dr. Hansen.

On February 1, 2016 chiropractic treatment by Dr. Hansen.

On February 2, 2016 chiropractic treatment by Dr. Hansen

On February 5, 2016 chiropractic treatment by Dr. Hansen

On February 8, 2016 chiropractic treatment by Dr. Hansen

On February 10, 2016 chiropractic treatment by Dr. Hansen

On February 12, 2016 chiropractic treatment by Dr. Hansen

On February 16, 2016 chiropractic treatment by Dr. Hansen

On February 19, 2016 chiropractic treatment by Dr. Hansen

On February 24, 2016 chiropractic treatment by Dr. Hansen

On March 16, 2016 follow-up visit at Specialty Health Clinic.

On April 28, 2016 chiropractic treatment by Dr. Hanson

Received

MAY 1 4 2018

CCNSI-Reno

On July 5, 2016 neurosurgical evaluation. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She is done extensive physical therapy. Physical Examination: Cervical: Neck, shoulders and low back have normal range of motion with no scars. Palpation for tenderness. Arms have normal range of motion with no scars. She has a reduce range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators in the left, biceps and triceps on the left. She has diminished reflexes in the upper extremities. Impression/Plan: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord

AA 1648

FILED
Electronically
CV19-01683
2019-09-18 11:28:40 AM
Jacqueline Bryant
Clerk of the Court
Transaction # 7490553

Kimberly Kline Page 5

compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery. She states she never had these arm symptoms before the accident and although she may have had pre-existing spondylosis, the accident had probably exacerbated her underlined stenosis. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On April 3, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following the left C-6 distribution. Most of his symptoms are in the left arm and rated at times at a 9/10. Continues to limit her ability to sleep at night the symptoms may be slightly improved but overall are very similar to the intensity she had the last allied. Physical Exam: She had a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the upper extremity. Assessment and Plan: 1. Neck pain. 2. Cervical spondylosis. 3. Spinal stenosis and cervical region. Plan: 1. Repeat MRI and C-spine x-rays. 2. Follow-up in 2-4 weeks.

On April 21, 2017 x-rays of the cervical spine. Impression: 1. Mild disc space narrowing and facet degenerative change of the lower cervical spine. 2. Development of retrolisthesis of 2 mm of retrolisthesis C4 on 5 and 1 mm retrolisthesis of C6 on 7 upon extension.

On April 21, 2017 MRI of the cervical spine without contrast. Impression: Moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

On April 25, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: Returns. Arm worse. Options discussed. Wants surgery. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left forcarm and the C6 distribution. Physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the left upper extremity. Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-worsening symptoms and stenosis on MR. 6. Cord compression and failed conservative therapy. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 8, 2017 follow-up neurosurgical visit chief Complaint: I. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work first six weeks as was discussed. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness

Received

in external rotators on the left, brought biceps and triceps on the left. She has depressed reflexes in the upper extremity. Impression: 1. Cervical spine bond low doses, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. She was offered C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 12, 2017 operative report by Dr. Sekhon. Preoperative Diagnosis: Cervical stemsis. Postoperative Diagnosis: Cervical stemsis. Title of the Procedure: 1. C4/5, C5/6, and C6/7 Anterior cervical decompression using a left-sided approach and the microscope. 2. C4/5, C5/6 and C6/7 interbody fusion using peak interbody cages and bone graft substitute. 3. C4-7 anterior segment fusion using a cervical locking plate. 4. Microscopic microdissection. 5. Fluoroscopic guidance for placement of the screws.

On June 26, 2017 postop neurosurgical visit. Chief Complaint: 1. Two weeks status post C4-C 7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphasia that slowly seems to be improving. She has been wearing her soft collar when she is up and about, but she states that she is actually feeling quite well for two weeks after surgery. The strength in her arms is good. Overall, she takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. There is minor superficial cdema and swelling that is non-concerning. Upper extremity motor strength is 5/5 throughout bilaterally. Sensation is grossly intact. The equivalent and normal bilaterally. Impression: 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan: 1. Follow-up in four weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes in her condition.

On July 24, 2017 x-rays of the cervical spine with flexion and extension. Impression: Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

On July 26, 2017 follow-up postoperative neurosurgical visit. Chief Complaint: 1. Two week status post C4-C7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: Today, she presents to six weeks postoperative review. She continues to notice improvement to the left upper extremity symptoms. Left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 6 weeks status post C4-C7 ACDF. 2. Improvement in postoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan:

Received

1. Follow-up in 6 weeks with static and dynamic cervical x-rays. Physical therapy. Release to work without restrictions on 7/31/17.

On September 5, 2017 x-rays of the cervical spine with flexion-extension views. Impression: ACDF C 4-C7 without evidence of hardware complication.

On September 6, 2017 follow-up postop neurosurgical visit. Chief Complaint: 1. 12 weeks status post C4-C7 ACDF. History of Present Illness: Today, she presents 12-weeks postoperative. Her symptoms continue to much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pain. She is not having the shooting pains that she once did. She has done physical therapy which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage. Physical exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.

On September 11, 2017. She was placed at maximum medical improvement. She was returned to full duty. She had a ratable impairment.

PRESENT SYMPTOMS AND COMPLAINTS:

The claimant states that she has a tight/sore neck, tight/sore shoulders, daily headaches, weak neck, and numbness down her left arm to her left thumb. She states that her current neck pain is a 4/10 and at its worse 8/10 and at its best 2/10.

As far as activities of daily living are concerned:

As far as self-care/personal hygiene is concerned: She states no difficulty with brushing teeth, eating, urinating and bowel movements. She states mild difficulty with dressing and combing hair. She states moderate difficulty with bathing.

As far as communication is concerned: She states no difficulty with speaking, hearing and writing.

As far as physical activity is concerned: She states no difficulty walking and climbing stairs. She states mild difficulty with standing, sitting, changing positions.

As far sensory function is concerned: She states no diff code was seeing, smelling, tasting, feeling sharp versus dull and feeling hot versus cold except for her left thumb.

Received

As far as hand activities are concerned: She states no difficulty with coordination. She states mild difficulty with grasping and lifting.

As far as advanced activities are concerned: She states no difficulty with preparing meals, managing money/checkbook, taking medications, and using public transportation. She states mild difficulty with working around the house/housework, using the phone or writing letters, shopping/carrying groceries, social activities, sexual activities and vigorous physical activity. She states moderate difficulty with driving a car. She states severe difficulty with restful sleep secondary to pain.

PAST MEDICAL HISTORY:

Past Medical History: She has no history of chronic illnesses. She states that she had no problems with her neck prior to her industrial injury of June 25, 2015.

Past Surgical History: Right ankle surgery 2013.

Medications: Advil.

Allergies to Medications: No known drug allergies.

PHYSICAL EXAMINATION:

On May 8, 2018 the claimant stood 67" tall and weighed 178 pounds. The claimant is right hand

This person's general appearance is that of a well-hydrated, well-nourished adult female in no acute distress. Her mood and manner were appropriate. She was well oriented and cooperative throughout the examination. She was not wearing an orthotic device.

On visual inspection of the cervical spine there was normal development. There was a 7 cm surgical scar located over the left anterior inferior aspect of the neck. The scar was generally straight in appearance and normal in color. On palpation of the neck there was muscle tightness along the paravertebral musculature. On strength testing, motor strength was 5/5 in all muscle groups of the right and left upper extremities. On sensory testing there was intact sensation to light and sharp touch except for the left thumb which was 4.56 on monofilament testing. Deep tendon reflexes at the biceps and triceps were +2/+4 bilaterally. The right and left upper extremities have normal temperature color and pulses. There was no evidence of atrophy, upper arm and forearm circumferences were equal bilaterally.

Range of motion of the cervical spine:

Received

AA 1652

MAY 1 4 2018

1446

MCT_Donn

The claimant was informed not to perform any motions that were painful or that she was uncomfortable performing or that might cause her harm. The claimant was also informed that she can take a rest break during any part of the examination.

Warm-up exercise were performed as described on page 399.

Range of motion of the cervical spine was performed according to Section 15.11 Range of Motion: Cervical Spine. Starting on page 417.

Movement		Range		<u>.</u>	 	
Ccrvical	Calvarium angle	40	1 40	40 1	 	
Flexion	T1 ROM	20	20	20	 	┼─-
	Maximum cervical flexion angle	20	20	20	 	
	±10% or 5°	*Yes	No		 	Т
20	Maximum cervical flexion angle	20				_ <u>·</u>
	% Impairment	3	_ ·		 	

Movement Cervical		Range	;				
Extension	Calvarium angle	20	20	20	T		T
DAMISION	T1 ROM	5	5	5	-	1	1
	Cervical extension angle	15	1.5	15		 	+
1	±10% or 5"	*Yes	No				
1	Maximum cervical extension angle	15					
' <u></u>	% Impairment	5					

Movement		Range	 -				
Cervical Left	Calvarium angle Ti ROM	30	30	30		.T	
Lateral		10	10	10	_	+	+
Bending	Cervical left lateral flexion angle ±10% or 5°	20	20	20		 	 -
	Mariner	*Yes	No		·		
	flexion angle	20					
<u>.</u>	% Impairment	2	<u> </u>				•

Movement		Range	:		
Cervical Right	Calvarium angle	30	30	30	T - T - T
Lateral	T1 ROM	10	10	10	
Bending	Cervical right lateral flexion angle ±10% or 5°	20	20	20	
- 110	Marin	*Yes	No		
]	flexion angle	20	3.5		Darainad
	% Impairment	2	-		Received

AA 1653

MAY 1 4 2018

Movement		Range	780		
Ccrvical Left	Cervical left rotation angle	40	40	1 40 1	
-	±10% or 5°	*Yes	No		
woradon	Maximum cervical left rotation angle	40			
	% Impairment	2			 !

Movement Cervical	To all a till	Range			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
1	Cervical right rotation angle	40	40	40		T	T
1	±10% or 5°	*Yes	No			 	†
1.Otacio()	Maximum cervical right rotation	40				1	
	angle					1	
L	% Impairment	2	- 1			<u> </u>	- (0)

SUMMARY AND DISCUSSION:

STABILITY OF MEDICAL CONDITION: The claimant was placed at maximum medical improvement on September 11, 2017 permanent and stationary, stable and ratable by Dr. Sekhon.

APPORTIONMENT: There is no prior history of disease, injury, or impairment to the affected body part necessitating apportionment consideration.

IMPAIRMENT EVALUATION ACCORDING TO THE GUIDES:

Impairment rating was done according to the Fifth Edition, Sixth Printing AMA Guides to the Evaluation of Permanent Impairment. The examination, measurements, and impairment percentages were compiled by me. The history and medical records provided were reviewed by me and any discrepancies were discussed with the claimant.

Body Part: The claimant is rated according to the cervical spine.

On page 380 right hand column. Range of motion method if: b. there is radiculopathy bilaterally or at multiple levels in the same spinal region.

In this case, there was multiple levels in the same spinal region. Therefore, the claimant will be rated by range of motion.

On page 398 Section 13.8 Range-of-Motion Method. Although called the range of motion method, this evaluation method action consists of three elements that need to be assessed: (1) the range of motion of the impaired spinal region; (2) accompanying diagnosis (Table 15-7); and (3)

AA 1654

 $\frac{1}{2R}$

SCANNED 144

any spinal nerve deficit, which is described in this chapter and in chapter 13. The whole person impairment rating is obtained by combining ratings from all three components, using the combined values chart (p. 604).

On page 404, Table 15-7, Criteria for Rating Whole Person Impairment Percentage Due to Specific Spine Disorders to Be Used As Part of the Range of Motion Method. The claimant fits into the Category IV D. Single-level spinal fusion with or without decompression with residual signs and symptoms. Also Category IV E. multiple levels, operated on, with residual, medically documented pain and rigidity. Add 1% per level. Therefore, an additional 2% will be added for the additional levels. Therefore, the total equals 12% whole person impairment from Table 15-7.

On page 418, Table 15-12, Cervical Region Impairment from Abnormal Flexion or Extension or Ankylosis. Therefore, flexion of 20° equals 3% whole person impairment. Extension of 15° equals 5% whole person impairment. Total impairment due to abnormal flexion and extension equals 8% whole person impairment.

On page 420 Table 15-13, Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Lateral Bending. Right lateral bending of 20° equals 2% whole person impairment. Left lateral bending of 20° equals 2% whole person impairment. Therefore, total impairment due to lateral bending equals 4% whole person impairment.

On page 421 Table 15-14 Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Rotation. Right rotation of 40° equals 2% whole person impairment. Left rotation of 40° equals 2% whole person impairment. Therefore, total impairment due to abnormal rotation equals 4% whole person impairment.

Therefore 16% whole person impairment for abnormal motion.

On page 423 Section 15.12 Nerve Root and/or Spinal Cord. The claimant has decreased sensation along the C6 nerve root on the left. She best fits into grade 3 30% Sensory Deficit. On page 424, Table 15-17 Maximum % Loss of Function Duc to Sensory Deficit or Pain is 8% for the C6 nerve root. Therefore, multiplying 30% times 8% equals 2.4% upper extremity impairment rounded to 2% upper extremity impairment. On page 439 Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole person. Therefore, 2% upper extremity impairment equals 1% whole person impairment.

The total whole person impairment for accompanying diagnoses from Table 15-7 equals 12%.

The total whole person impairment for loss of motion equals 16%.

The total whole person impairment for sensory loss equals 1%.

Received

AA 1655

SCANNED

Therefore, combining the whole person impairment for accompanying diagnoses from Table 15-7 12% with impairment for loss of motion 16% with impairment for sensory loss of 1% equals 27% whole person impairment from the combined values chart on page 604.

ESTIMATED WHOLE PERSON IMPAIRMENT: Upon review of the available medical records and after examining the claimant, apportionment does not appear to be an issue with regards to this claim. It is my recommendation that the claim be closed with 27% whole person impairment.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

JAMES C. JEMPSA, DO

Reno, Nevada

Telephone:

775-786-9072

Fax:

775-787-6430

Lisa Jones **CCMSI** PO Box 20068 Reno, NV 89515

Telephone: 775-324-3301

Fax: 775-324-9893

PERMANENT PARTIAL DISABILITY EVALUATION ADDENDUM

RE:

CLAIMANT:

Kimberly Kline

SSN:

XXX-XX-2795 15853E839641

CLAIM NO .: DOI:

EMPLOYER:

06/25/2015 City of Reno

DATE OF EXAM:

05/08/2018

DATE OF REPORT:

05/18/2018

BODY PARTS:

1. Cervical.

In regards to your letter dated May 15, 2018. You will need to contact Dr. Anderson concerning his rationale for apportionment of Ms. Kline. I will provide you my opinion as far as apportionment is concerned with Ms. Kline. The claimant stated that she had no problems with her neck prior to her industrial injury of June 25, 2015. I have not received any medical records prior to the industrial injury of June 25, 2015. In accordance with NAC 616C.490 it is my opinion that apportionment is not necessary in this case. Therefore, 0% whole person impairment for apportionment. I recommend that the case should be closed with 27% whole person impairment for her cervical spine.

If there are any further questions regarding the impairment rating provided, please do not hesitate

Sincerely,

James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.



June 13, 2018

KIMBERLY KLINE 305 Puma Dr Washoe Valley, NV 89704-9739

Re:

Claimant:

Kimberly Kline

Claim No.:

15853E839641

D.O.I.:

6/25/2015

Employer:

City of Reno

Dear Ms. Kline:

We are in receipt of Dr. Betz Permanent Partial Disability (PPD) review report dated June 4, 2018. Per Dr. Betz, he agrees with Dr. Anderson's PPD evaluation dated November 10, 2017. As a result of your Permanent Partial Disability (PPD) evaluation, you have been granted a permanent partial disability award of six (6%) percent on a whole body basis for impairment of your cervical.

Please be advised the PPD award will be paid in monthly installments pursuant to NRS 616C.380.

If you disagree with the above determination you do have the right to appeal by requesting a hearing before a hearing officer by completing the bottom portion of this notice and sending it to the state of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed

If you have further questions or wish to discuss this case further, please contact me at (775) 324-3301 x 1029.

Slaims\Representative

CCMSi - Reno, Nevada

cc: File, City of Reno, Lisa Alstead, Esq., Herb Santos, Esq.





Jay E. Betz, MD Medical Director

Occupational Medicine Injury Care Employer Services

June 4, 2018

Lisa Jones CCMSI PO Box 20068 Reno, NV 89515

Re:

Kimberly Kline

DOI:

6/25/2015

Claim #

15853E839641

Received

JUN 6 5 2018

GCMSHReno

PPD/CHART REVIEW

Dear Ms. Jones,

At your request, I reviewed the medical record of Kimberly Kline including 2 PPDs, one performed by Dr. Russell Anderson, DC on 11/10/2017 and the second by Dr. James Jempsa, DO on 5/8/2018.

This review was performed in conjunction with the AMA Guides to the Evaluation of Permanent Impairment, 5th edition and NAC 616C.490.

The opinions expressed in this review are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information or examination of the patient.

HISTORY:

Approximately 6 weeks prior to her subsequent occupational injury, Ms. Kimberly Kline was evaluated by Dr. Men-Muir on May 11, 2015 complaining of bilateral low back pain as result of a non-work-related auto accident several months previous. X-ray showed degenerative changes at L4-5. She was diagnosed with discogenic back pain. Voltaren and physical therapy were recommended.

Ms. Kline was then involved in a work related vehicular accident on June 25, 2015 when she was rear-ended at 20 mph. She was initially seen at Saint Mary's Regional Medical Center complaining of pain in the low back with radiation to both thighs. Her history of prior vehicular accident with back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a

AA 1659

herniated disc at L3-4 and L4-5 but that her symptoms nearly resolved in the intervening period. On examination Ms. Kline's neck was normal with painless range of motion and no tenderness. There was mild tenderness over the lumbar spine. No neurologic deficits were found. She was diagnosed with an acute lumbar radiculopathy and sprain of the lumbar spine. She was given medication for pain and spasm as well as prednisone.

In followup at Specialty Health Clinic on June 30, 2015, it was noted that Ms. Kline had been evaluated by Dr. Men-Muir for low back pain related to a previous auto accident about 6 weeks prior to the 2nd motor vehicle accident on June 25, 2015. Ms. Kline was now complaining of neck, upper back and low back pain. After examination she was diagnosed with neck sprain. Chiropractic care was recommended.

Ms. Kline underwent several chiropractic treatments with Maria Brady, DC, RN.

JUN 8 5 2018 GCMS/Reno

In followup with Dr. Hall on July 14, 2015, the patient reported minimal improvement with chiropractic adjustments and complained of persistent lumbar and neck pain. Conservative measures including physical therapy were continued.

On August 20, 2015 Ms. Kline reported she was improving with therapy. She had full range of motion and was intact neurologically. Completion of physical therapy followed by monitoring was recommended.

In follow-up with Dr. Hall at Specialty Health Clinic on September 23, 2015, Ms. Kline again reported improving but persistent mild neck pain. Additional physical therapy was recommended.

She improved and was discharged from care on October 28, 2015.

A little over 2 months later, on January 13, 2016, MRI scan the patient's cervical spine was obtained to further evaluate significant recurrent neck pain with radiation to the left arm. MRI was remarkable for disc degeneration with large disc protrusions at C5-6 and C6-7 resulting in complete effacement of the cerebral spinal fluid from the ventral and dorsal aspects of the cord with severe canal stenosis.

In follow up with Dr. Hall on March 16, 2016, he noted that Ms. Kline had essentially no symptoms on October 28, 2015 when she was discharged but was complaining of acute onset of neck pain of 7 days duration when she was seen by Dr. Hansen on January 13, 2016 with radiation to the left arm and associated neurologic signs. He noted the MRI results and that the chiropractor had recommended physiatry evaluation for further treatment. Dr. Hall concluded that the patient likely had degenerative disc changes prior to the industrial injury which may have been exacerbated by the industrial injury but that there was no evidence of neurologic symptoms during treatment for the industrial injury and again noted that the patient had improved with conservative measures. He concluded there is no objective evidence to connect the significant MRI findings of January 13,

AA 1660

2016 with the industrial injury. He again indicated that Ms. Kline had recovered completely from the industrial injury of June 25, 2015 by the end of October 2015.

Ms. Kline received multiple chiropractic treatments from Dr. Hansen between January 14th and April 28, 2016 without lasting benefit.

Neurosurgical consultation was obtained from Dr. Sekhon on July 5, 2016. He indicated the patient had pre-existing spondylosis C4 through C7 with cord compression C5-6 and C6-7, mobile spondylolisthesis at C4-5 and failed conservative therapy. He felt the accident exacerbated her underlying stenosis. He offered anterior cervical decompression and fusion C4 through C7.

In neurosurgical follow-up on April 3, 2017, repeat MRI and cervical x-rays were recommended.

Repeat x-rays on April 21, 2017 showed mild disc space narrowing and facet degenerative changes of the lower cervical spine with development of retrolisthesis of 2 millimeters C4 on 5 and 1 millimeters C6 on 7. MRI on the same day showed moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

In followup with the neurosurgeon on April 25, 2017, surgery was again recommended. He noted Ms. Kline had some weakness and depressed reflexes in the left arm.

On June 12, 2017 Dr. Sekhon performed an anterior cervical decompression C4 through C7 followed by interbody fusion.

In followup Dr. Sekhon felt the patient was improving and physical therapy was recommended. Received

X-rays on September 5, 2017 showed no hardware complications.

BIRS & B MUL.

On September 6, 2017, 12 weeks postop, the patient reported improvement. Exam showed intact motor function throughout the upper extremities and grossly intact sensation. DTRs were equal and normal bilaterally.

On September 11, 2017 Dr. Sekhon felt Ms. Kline was MMI and she was released to full duty.

A rating evaluation was then performed by Dr. Russell Anderson, chiropractor, on June 25, 2015. He noted the patient still had headaches and limited mobility of her neck with numbness in the left wrist and hand affecting the C6 distribution. On exam he found limited range of motion of the cervical spine and concluded she was best assessed on the range of motion method. He allowed 12% whole person impairment for specific spine disorders which included 10% for spinal fusion at one level and 1% each for additional 2 levels. He found 7% impairment related to losses of range of

motion and 1% for sensory changes in the C6 nerve root. The combined total was 19% whole person impairment.

However, Dr. Anderson noted that under the DRE method the patient would be allowed a minimum a 25% whole person impairment and suggested that 25% be the appropriate allowance.

Regarding apportionment, he noted Ms. Kline had significant pre-existing degenerative cervical spine spondylosis and suggested 75% of the whole person impairment be apportioned to non-industrial factors leaving 6% whole person impairment related to the occupational injury.

A 2nd impairment evaluation was performed on May 8, 2018 by Dr. James Jempsa, D.O. He noted Ms. Kline still had a tight sore neck, shoulders and daily headaches with numbness in the left arm to the thumb. On examination he found normal strength in the upper extremities and symmetrical reflexes but decreased sensation over the left thumb. Range of motion measurements found significant losses in flexion and extension and moderate losses in lateral flexion and rotation bilaterally.

Utilizing the range of motion method he allowed 12% whole person impairment for specific spine disorders including 10% for single level fusion and 1% each for 2nd and 3rd levels. Range of motion impairments total 16% and sensory deficits total 1% whole person impairment. The combined total was 27% whole person impairment. Apportionment was not allowed.

DISCUSSION/CONCLUSIONS:

Both Dr. Anderson and Dr. Jempsa initially utilized the range of motion method in this case which is proper considering that a multilevel fusion was performed. They also agreed there is 12% whole person impairment utilizing Table 15 – 7 and both concluded there was 1% whole person impairment for sensory deficit in the left C6 distribution. These conclusions are appropriate and supported by the medical record and known pathologies in this case.

Received

However, there was a large discrepancy between the active range of motion findings of Dr. Anderson versus Dr. Jempsa allowing 7% and 16% respectively.

THE SECOND

As noted on page 399 of the Guides, "the physician should seek consistency when testing active motion.... Tests with inconsistent results should be repeated. Results that remain inconsistent should be disregarded." On page 375 the Guides it notes: "The physician should record and discuss any physical findings that are inconsistent with the history. Many physical findings are subjective, ie, potentially under the influence of the individual. It is important to appreciate this and not confuse such observations with truly objective findings."

Clearly, Dr. Jempsa's findings were inconsistent with those of Dr. Anderson which are now part of the medical record. He provides no discussion or explanation for the substantial variation. It is well recognized that patients learn from prior rating experience. This can have a great effect when

AA 1662

findings are "under the influence of the individual" such as active range of motion which requires the full effort and cooperation of the patient to be valid. Consequently, absent an objective basis for the variation, Dr. Anderson's range of motion findings should have priority.

Making an adjustment for the range of motion inconsistency, however, has minimal effect on the final whole person impairment considering that Dr. Anderson recommended the minimum allowance of 25% for fusion under the DRE section. This recommendation is supported on page 380 of the Guides which states: "In the small number of instances in which the range of motion and DRE methods can both be utilized, evaluate the individual with both methods and award the higher rating."

The 2nd issue of concern is apportionment which has a greater impact in this case. Dr. Anderson correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting. This conclusion is further supported by Dr. Hall's opinion on March 16, 2016, in which he noted Ms. Kline's cervical symptoms were initially consistent with a sprain strain and that she recovered completely from the industrial injury with conservative treatments by the end of October 2015. He went on to conclude there is no objective evidence to connect the patient's significant MRI findings of January 13, 2016 with the industrial injury. It is also informative that Ms. Kline had no symptoms or examination findings of neck injury at time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI.

If the occupational incident had significantly aggravated the patient's preexisting pathologies, the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later. Consequently, it is likely that the patient's radicular symptoms were the result of a natural progression of her significant multilevel degenerative changes rather than the injury.

At any rate, the ultimate need for surgery was primarily the result of pre-existing pathologies. Absent those pre-existing pathologies the patient would not have been a candidate for multilevel cervical diskectomy and fusion. It is the fusion that now forms the basis for the patient's substantial permanent partial impairment. NAC 616C.490, paragraph 6 states that "an apportionment may be allowed if at least 50% of the total present impairment is due to a pre-existing or intervening injury, disease or condition."

Consequently, Dr. Anderson's conclusion that 70% of the patient's impairment allowance should be apportioned to pre-existing pathologies is reasonable and supported by the Guides and NAC 616C.490.

In summary, the impairment conclusions reached by Dr. Anderson are well supported by the medical record, known pathologies, AMA guides and Nevada Administrative Code.

COMBINERATION AA 1663

I hope this review has been of assistance. If you have further questions or concerns, please do not hesitate to contact me.

Sincerely,

Jay E. Betz, MD, CIME, CHCQM, FABQAURP Certified Independent Medical Examiner Certified Medical Examiner, Federal Motor Carrier Safety Administration Certified Healthcare Quality Manager Fellow American Board of Quality Assurance & Utilization Review Physicians

> CCWalkeyo The Paragraph Received

. C:853F.839441

	فاستان مسترسين	-									1-	· 0	L) & 0	Ų,	/Ψ	7/			
	Event N	umbei	r.		7		STATE OF	NEVAL	λ		Accide	nt Num	ber:		1000				
	-				1		FIC ACCID				WASQ	15-968	3∙			- [
(Code Ravie	sion:	01/01/201	1		SC	ENE INFORMA Revised 1	ation sh Hama	EET		(S) 4 P	roporty	[] 2) In	μαγ		al Escal			
	Nu N	עובם	[] 1] <u>E</u> mo	ingoney Uso	□118°	aliminary Rapos	rt 🔲 3) Besubn	nolacin	1) 1) HR 200 Ru	,	Адепсу	Name:							
	☐ 의포(ii	പ ∤	⊠ 2) <u>Q</u> HIc	a Roport	区2]pl	Hel Ropers	4) Quppler		☐ AT EARNING PRO	- 1	WASHO	E COU	NTY SO						
	Collisio	n Del	e î	ime	Day	Best / Se	ctor [1) Gount	y ত্রি থ) <u>C</u> ity	_	Surfac	0	Intersection	1	Paddid	संभाषाः इ			
	6 / 25	/ 2	015 1600	T	HU	3	RENO			[X1)&***		X 1) Foor Way		区心				
	Mile Mark	ec #	Vehicles	# Non Moto	orista di	Occupants	#Fatalilles	# Infor	ed # Rostrain]3) <u>C</u> ont] ਨੀ Þ Four ਚੀਨੂ ਹੋ ਜਨਕ			R			
			Į.	0		- dangeania	1.	1		"" E] a) හුසහ] NI] NY		[] 의원 [] 4월	T.			
Į			Ì	_			0	0	0	<u>.</u> -]wi Biru] 5] Houndaba		ป <i>ก</i> ค				
		STATE	the commencer	Street Hame	j					- 1] s) Toppor] el Xıpız	<u> </u>					
- 1	U Parting		~			 .			THIS RE	P471	ZT A	ω		= 1	ccess C				
	区 1) At Inte	racello					Ol (Cross St	nort) TY	BE RE		anu	CE	<i>(</i>)		□ 08 □ 28				
ļ.,	☐ 2) gr			☐ 4) H00s [er merens All				XIB	etitol Commonweal			
- 1	Roadwa	•	racter		Way Cana		Total Thr	u Lenea	Average R	padway	y yyldithi	_	Road	иву G					
Ì	☐ a) Curve A	_	, [☐ Nich	77.50	vah ajiding Wei ur	Moin Road		Travel Long	L	-	Ft	1) <u>N</u> ot Datorr	nlasd	Relet	No To			
	a) curvo &		- 1	☐ 11764 □ 11764		apd Assu. doub users.	1] Qne 2] Tuo		Elloring & / Titrin Lai	н		R			1	- [
	િં કો Straight			[] 4] Enow			☐ a) Tilleo		Hadlan			Fel 2	(2) Relatively Readway	Livel	ļ				
	[] 된 Fitarjahu [] a) sumulur			☐ 5) Send (1 DO 1 BUAN	Dirt/Gravel	5) Figo		Paved	Should	der		্বিহা নিচ ন্নাণচৰ (,,	Ga	ids			
	77 Unknover			C (Dana			☐ 8) > <u>8</u>		ineldo		Outsids	76] 1) Your stee	061	0,0	%			
	्रा क) द्रशत्त ्र			•			Totel All Lane	9;			-								
				ment Merki	•				Highway Desc	-			Westher Co	-					
1 2			Erakan Yakaw Gali¢i Yoko#		Ha <u>P</u> auding Jum Arrow), Elther Dilpetic			1) <u>T</u> ero-Way, Hat Olyk				ur Die						
				•	mut sakag	-	[] 13) 孔中川		2 Two-Way, Dividod, 5 Two-Way, Dividad,				oudy 🔲 8) Sa KW 🔲 9) Sk			•			
			rokan <u>Xi</u> hila	•	Edga Lina, I				i) On»-Viny, <u>H</u> ot Divid				=						
-	5] Lan	Line, B	oka wilite			Right, Whith			of Tukuonu		- 63		eving Send, Di			ĺ			
		نمتعادف	-	☐ HI	Dates.) ©if Rood			미현		Marie.		=4			
	أ يستما		Conditions				ie Collision T		The same		_		rst Event	~					
4			rk+ <u>S</u> pot Rosen			☑ 11 <u>K</u> ozd On	SI Rear to R		1 Trom L			g 21 page Ti e) come	alda Spauldar alda Spauldar		i) Kvistor i) Giosib				
				s Roschray Ligh		1) Backing	7) Sideswift	-					ма Репрету	"	. Prinata.				
	4) Literatura [] 0) Pa	<u>R</u> , m roro (nV ⊷x•	<u>R</u> oadway Lighd	ing [Al Angle	☐ 9) Xan • Cel		[] 4) <u>단</u> 여(국)] \$ Rc=;							
	<u> </u>						4) <u>U</u> nknown		☐ a presses	houlder] 10 <u>) 1</u> 00	or			_			
			vay / Enviro	onment Fee	tors	·			Property Dame	16 J.O C	Other Ti	ıan Ve	ilcle						
			houlders	=	111 Flate, H	(ofesi Alumpa Work Zora	Describe Propor	YETTO); CC,IU	C.C.	- 					1			
			ಾಚಿ ವಿಗಾಗ್ನ ಗಾಂ ನಾಡಿ ವಿಗಾಗ್ತ್ ಗಾಂ	<u>"</u> 🗒	13) Inscitu	Werk Zano	Overer's Hama	\ATT.	terri 15	1115	3			<u>-</u>					
1 -			l <u>o</u> l, ky, 6now.	1-1	14) Anਬ੍ਰਿਸ਼ੀ 15) ਪੁਲੇਸ਼ਰਮ	in Roedwyy vn		ν/1 1Ω, <u>.</u>	WASHOE CO	UNTY	SHF	SEE	OFFICE	1) <u>O</u> m	व्यक्ति १०	ad			
) <u>द्राय</u> ुक्त सार्वे।तक्ष						Owner's Address	C (Speed to	orosa Sing. Signe	Zþ)		MAC	HVEO			7			
[D.) Ditter Environ	mental .						· • • • • • • • • • • • • • • • • • • •	<u> </u>			KL O	0 2015	•					
				- 1			First Harmful	Event				<u> </u>	ण रणीं उ]			
Coda	供 217		Description	:SLOW/ST	OPPED V	/EHICLE					C	СМЯ	Rano						
A	DENT OF	C. 100	250 ON 4	THE COL	AT' 12 1	Dascrip TRGINIA	lion of Accide	nt / Nomal	IVa	- HYCH					<u> </u>				
6TH	IN LANE	1.	DRIVER	t of Vi	WAS L	COKING	LEFT AND	STRUCK	D V2. DR1 HER VEHIC	LE.	DRIN	/ER C)F V1 SA	YS 1	HE	1			
	rear—en Being		ON E 67	H IN LA LIVER OF	ANE 2	and Pusi	HED INTO	V2. N	O DAMAGE T	O RE	AR OF	= V1	CONSIST	ENT	•				
					∀ µ4, ₹4,	w (CD+		3						•				;	
												To	1) Canthucc Scane lating	On 60	ckef	7			
Investi	getten Compl	- 1	Photos Take	. 1	Diagram		omanto			me Not		Ant	ral Data	Artiv	ALL LEGIS	5			
র গ	Xo= □11[6	-		Ro [] 1) You	-	区1)火40 [AND DESCRIPTION OF THE PERSON NAMED IN COLUMN		25 / 2015 18	06 0	3	12	5 / 2015	1628] _	_	.	
Stoass	tnvi	១មិន្ទរស	*(s)	1,,	10 Numb 360		Date 1 37 C 004E	r	leviewed By	- 1	Pato Ros			Papo		7 A	A 1	L6	65
	ie Infori	NAME OF	727	15	ena a desse Ann	8	/ 27 / 2015	Inothi Ma	tud(at)	В	(40	/ 20	1 1	र्ग है		1		1	
- 12 EU	J-SCH (CD)	15,111	ALE S											•	i	459	i	25	,
									•						_	· - U U		1	

TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET	WASO 15-8889 Agency Namo: WASHOE COUNTY SO
Description of Accident / Namative Continu	
	•
, , , , , , , , , , , , , , , , , , ,	
	•
4);	
• "	
	And participations against the second
THIS R	EPORT NOT
	EPRODUCED
	Received
	JUL 2 0 2015
•	CCMS/Reno
	Description of Accident / Narrative Continu

Al.C.

Scene Information

AA 1666

Paga 2 of 6

Econd Blanchan	···		-11404			
Event Numbor:		TATE OF I	VEVADA ENT REPORT	Acoide WASO	nt Humber: 15-6669	
Vehicle n *Occupants 图1 在 Fault Un Hon compet vensor	veh 4	IGLE INFORMA Revised IN	ATION SHEET	Agency WASH	Name: DE COUNTY	ŞO
of Travel: 口如gooth 因如goth 口机如	Highway / Stroot Ma W 6TH ST	me:	······································		T	Traid lane its
Vehicle 國기왕에에서 그가 kartum 그리 Cokad Action: 그가 Riching 그가 kartum 그리 Cokad	TIM Stopport 14 FT101 R	usalng []11] Lenvi	ing Parked []13] Legvin	ng Lane []16) Enter! Turning []16) Delved	Parked (III)	iii Cara Chinge [[ii] Yaknovari iii Other
UNVOI: And Parts State Form Eddle Borns Settle) TSCHEEKAR, DAVID MARTIN				N 1) Hot Linibaboured		
			Transported To:	<u> </u>		
	SI2		Person 1 Typo: 1	Senting 1		Occupant Reviraleta: 13
区 11 He to			lojury Stredly: O	injury Location:		
X.	<u>-</u>	· Ugense Eleber:	Altibege: 2	Alribeg Switch:	Ejected: 0	Trapped: 0
Compliance: Endoraement	Resbi	ctions			Factors	
Alcoholitrug involvement In Notified of Determined Method of Determined Method of Determined In Edit Source, Test In Supposed In 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		·	1 Apparently Ho 2 Had Been Dain 3 Evry Investment 4 Apparently Dain 6 Obstructed Vic	glinery) Varrech	6) Orivar (0/ Inju 7) Qürer improp 6) Oriver (pattett 9) Ehyələsi faspə (0) Unitedari	n Driving Hon I Districted
Vonicio Year: Venicio Abeke: Venicio 2001 SUBARU LEGACY	fodel: Vehicl	le Type: HBACK 4-DOON		Vehicle	Factors	
Sturie: (1) 1/1 Sopiration	n Date: Vehici	o Color '	[] 1] Ealled To Yield Righ [] 2] Etonogand Control D		i To Haintelo Las Naing Too Cathe	
	00 / 2010 GAIL		10 100 Fast For Could 4) Egyptding Speed Li	Torus []11] Unga	de Lane Change	Ting Ben Off Road
aglutured Owner Hamos]6] Wrong Yley I Directle	on 🗆 🗆 131 gyer	ingroper Tum Concensiaenn	
11 Samo An Differ TSCHEEKAR, DAVID MARTIN	· · · · · · · · · · · · · · · · · · ·]]]] Grand Talf Of Califor][g] Foctstules: Délácis		i (mproper Orive) raziva i Recipies	
Insurance Company Names	·	[Ja) other			्रयः) पार्याकरम ण
园1][nsured ALLSTATE	•			Contact 1,2 []4	Daniegod Areas 图 11 Eront
B		23 / 2015	6			्रा शत्का सक् □ श्रासकार स्वर
Insurance Company Address of Phone Number: 800-255-7828			图1			☐ 4) Bear ☐ 4) Right Procil
11 Yehles Toxed Toxed By:				12	`в	☐ 0) ROQUIT R <u>S</u> alt
Removed To:			□1) Gver Ride	[] # Under Rida		a) fru Ecout
Traffic Control	Distance Traveled After Impact		Estimate	Exiont Of Dama	alter I	☐ 10) Left Regr ☐ 11] Unknown
1) Secretion 11) Stop Sign 12) Yold Sign 12) Yold Sign	1 FEET	5 10	1-a- [[집1)년(hor 4) 1. 기기 보여년(sada 5) 년 기기 보신(ser 10) 년		11 <u>2</u> 00er
J Fishing Ugm 1918, R. Sign		L	Sequence O			
4) School Zone 14) R. R. Deten 5) R. Styret (19)	God4 #		Description		Gebiei Fixed	on Ynh (tost Himmin) Object Even
6) Ho Passing 10) Harlord Lanes	1st 217	SLOWISTOPI	PED VEHICLE			
7) No Controls 17) The Glulavisnavi Req	3rd	-	THIS KE	PORTM	97	
6) Tym Signal	4th		O BE RE	PRODII	CED	
10) Other	5th		it de Al	3 BY 467 W		
[1] 10년89 [파일타 [조하661년6 [[4] Empling	Duty decrease sp	Aolation EED OR VSE O	IE CARE 64928	NOC	Citation	1 Hamber
11 Mar In Sir In Col Mic	V	loistion		NGC	Citation	Number
Investigator(s)	ID Number 1960 6	9ate / 27 / 2045	Reviewed By John Hamild CU8	VGC 8 1 30	viewed	Page

Event Number:	TRAFFIC	ATE OF N ACCIDE EINFORMAT	NT REPORT	WASO1:	Name:	
*	VEHIOL	Revised (/14)		WASHO	E COUNTY 5	D
Name: (сылым, ғылым, Іхдоныя виш			Transported By: [(1) <u>K</u> ot Teansported		3) <u>P</u> olice [[4) Yamera
Street Addresu:			Transported To:			
alty:	Statu / Country 11 NV 21	p Cada;	Parzon Type:	Soating Position:		Occupant Restraints:
☐ 1) Micio ☐ 31 Unknown DOB: ☐ 27 Eemale /	/ Phono Nomb	1017	injury Bavetity:	lajury Location:	i	
			I AIMSAN I	A&bag Bwilch:	Ejoc(ed:	Trapped: **
Hames (Less Hame, Frankone, 1000to Hame Suite)	74		Truntoported By: 🔲 i] <u>((</u> 02 ¶ransported	□neus □o) Bolice [] 4) Yamma
Biraat Addrass;			Transported To:			
Ġłty:	State / Country 11 KV Zip	Codo;	Регвол Тура:	Souting Position:		Occupant Rostralniu:
11 Mail 31 Yakasan DOB:	/ Phone Numba		injury Savority:	kjury Location:		
				rbag vitch:	Ejected:	Trappedi
BITVB: (Cest Hams, Foss Hams, Eddas, Krons Sulta)			Namporced By: 🔲 17 Is give	Hel Transported [Juens [21	Police []4) <u>U</u> nkown
treet Addross:		1	reneported To:			· · · · · · · · · · · · · · · · · · ·
Q!	State / Country 11 11 EV Zip C		Ataou Ataou	Spating Poultions		Occupant Restraints:
a) Ecurse 1) Figle [] 2) Musuam DOB:	Fhone Number:	\$	ljury ovomy:	lojury Location:		·
		A	Irbega: Airb	-	Ejectod:	Trappodi
1) Iralling Units VIN: TA	is report n	107 P	ete:	State: □1) HV	Тура:	
1) Drailing Unit 2 VIN: TO	BE REPRODU	CED PI	rtet	9846: □1 <u>18</u> 7	Туро:	•
1) Trailing Units VIN: •		Pfs	ita:	Statok [] 1) HV	Type:	•
V. Ija P. P. Osmmércial Vehicl	ទីវិទីពិត្តិថ្នាំមានដល់ក ^{្រ} ុ		i i dipanin	मंदर्ग रहेगीहर्ष	🗀	Schio) Bua
1] Bus. 9 - 16 Occupants	dax [] 13) Light Truck (Hawkin 14) Other Henry Vehicle	Hax-Mail	1) Sulphing Bapers	JOUCC ###################################	ed civer	A Asurie
er Name:	1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Power	Unit GYWR		☐ 11 Heelist
er Street Address:			1]≤10,000 Lbs	100 - 28,000 Liga []a)≥25,000 t.ba	2) Redorsed
er sheat Walitass!		City	•	ļ.	to: □1) [RG(
	Haz-Mat ID 4:		Type of Can	ata	y Republic 2	
Elathood [] (1) Auto Carriot [] 10) Bug.	0 - 16 Occupanta Hazard Clausi	Residen #1	☐ 37 Equada	Corrier No	mbarCCMS	
gump [14] Gerbagergences [14]@ther Uknown [14](11 [14] Washing			☐ 6) Hone ☐ 144 exten			Pago f of 8

Event Number:	7777.0	STATE OF		Accider WASO1	nt Humber: 5-6669	*** <u>**********************************</u>
Vchicle # K Occupanto 11 A Fault V2 1 12 Hon Contect Vehic	V.	FFIC ACCIE EHIGLE INFORM REVERSE		Agency WASHO	Name: E COUNTY SO	
cy Lushay: 디리 Bord [Be) Xien Direction [대 Road [Be) Xien	Highway / Street W 6TH ST	Name:			······································	Travel Land fic. 2
Volticio [11] Statem [21] Len Tum [30] U-Jum Action: [32] geoing [33] Right Tum [30] Parked	□Ti Mrong Way □ a 図の Stopped (A) □ 1]Poolog □11}L±1 OPBacing □12}£m	uqud Franco □14) Opjies Aluð brijkeg □12) Freikli	g Land : [] 15] Enter P Purning [] 18] Differin	न्यस्मिक्ष 📑 १७० ८ ४ १५ १५ १५ १५ १५ १५ १५ १५ १५ १५ १५ १५ १५	Eurado [[w]firmos
Driver Control Fra Huth Most Natu Zued KLINE, KIMBERLY MYRENE		A		-	□ 2) Eng □ 2) Folic	-
			Transported To:			
	r.		Person Type: 1	Benting Position: 1	Occ Res	upent Irainis: 13
☐ 1)Male ☐ 2)Unknown ☑ 2)Pamala			injury Severity: O	injury Location:		
্ব ব		Clemen Status O	Afribagn: 2	Almag Switch:	Ejected: 0	Trapped; ()
Compliance: Endorsements	Ro	etrictions	(X) 1) Apparently He		Factors 61 Odver II / Ingwed	
1 = '	nination (check up to	o 21 Tent Results	23 Had Hom Da	kkma ☐	7) <u>Diner Improper Orivir</u> 8) Driver (gettenden / Di	*
2) Seespected impairment	【5) 田oog Yest	These .	☐4] Apparently Ex ☐6] Obstructed Yie		i) Liyelesi (mpalmem (4) Linknown	
Vehicle Year! Vehicle Maker Vehicle F	Model: Ve	hicle Type: XUP		Vehicle l	Faciors	
State: 国北政 Expiratio NV 12 /		ikle Color:	[]1) Ealles To Yasa Rig []2) Discepted Control 1			6) Ortredom Yehkile 7) <u>V</u> ennete Busting
	7 2010 711		[] 8) Joo Faal For Candi [] 4) Egreeding Spead L			Ten Off Read
iglaterad Owner Namns			Do Misous Med 1 Direct	60 🔲 1श श ला	Correct/Starting []t) <u>본</u> (t and Rus)) Road Detet()
C1) Same As Driver RENO, CITY OF Registered Owner Address;			[] 6) Herbankal Defects [] 7) Drava Left Of Cente		impropor Drivigo []2:	
PO BOX 1900, RENO, NV 89505			[] 8) Ond.		3	7) linknova(ji)
Insurance Company Marie: [2] 1 [Insured CITY OF RENO RISK MANAGEMEN	<u> </u>	1		Confect]_3 [Oama ≜ □11	tgod Areas Dvnt
Policy Kumbbr: Brocky SELF (NSURED 1 /	The second limited	/31 / 2015	G7			Ught <u>S</u> ide AN Side
Instrance Company Address or Phone Number: PO BOX 1800						lekt Front
11) Zenida Towad Towad By:	***		_/	12	្ឋ 🗆 🗆 🗆 🗆	
Removed To:			1) Quar Rida	∏ Al Muder Bade		nder <u>C</u> enlege St. Fro <u>s</u> t
Traffic Control	Distance Travel After Impact		d Estimate	Extent Of Dama		alt Ragr Inknoven
1) Speed Zone 11) Spp Skin F 2) Signal Light 12) Yeld Sign	1 FEET	Fram 0 0	05	्रशास्त्रवास्य व्यास्त्रवास्य विश्वास्य	ans 12) g	
3) Flyshing Light 13) R. R. Skyn 4) School Zona 14) R. R. Sates			Sequence i			
4) School Zona14) R. R. Sales 6) Ped. Suprat15) R. R. Skyrat (5)	. Code P	_	Dimeription		Collector With Flavor Object	Post Hamilui Event
6) No Pozoljuj 18) Liturked Lanca	1st 217	SLOWISTO	PPED VEHICLE			図
	2nd 2nd		7431C E	EPORT I	VOT D	
	_ 	- 			1-1	
6) Warning Skin 10) Pannisatyo Groop	480 1					
	4th 5th		—- - - - - - - - - - - - - - - - - - - 	Ebbon		
6) <u>Werning Sign</u> 10) <u>Pannisalya Groop</u> 9) Tijin Signal 10] <u>Untrawa</u>		Violation	- 10 BA N	HOC HOC	Citation Humb	0
6) Meminy Skin 10) Pamilisi (va Green 11) Um Signal 10) Unimeern 10) Quar 11) URS 12) CFR 15) CC (UC 14) Pensang		Violation		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		at []

4-391-300-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	`,				
Event Kumber:		F NEVADA DENT REPORT	WASO		
	Vehicle infor	UKATION SHEET 11/1404	Agency WASHO	r Name: E COUNTY SO	
Natno: (Low Heart, Plate Hann, Habita House Luty)		राजााऽported By:	1) Nor Transporter	ı □agus □	3) Patico 🔲 4) Ýrůmor
Stroot Addroos:		Transported To:		,	
City:	ate / Country 11) EV Zip Code:	Paragn	Seating		Occupant
☐ 1) (Gale ☐ 3) Unknown DQB:	Phone Nambers	Typo: Injury Severity:	Position: injury Locations		Rostraints:
		Alrboge:	Airbog Switch:	Ejeotod:	Trapped:
Hamos (Louthana, Great Harry, Boulde Henry Sectio)	the state of the s		1 Her Leavenanted		Police [4]Uniada
Stroot Address:		Transported To:			
City: Start	o / Country [] I EV Zip Coda:	Регоп Тура:	Seating Position:		Occupata Restrainta
□1) lizulo □3) Unknomn DOB; □2) Ecraelo / /	Phono Rumbos:	injury Savority:	Injury Location:		
		Alrhege:	Africag Switch:	Elocted:	Trapped:
Names and hence from nous from Senso		Transported By:] a) Erra [] a) E	Police [] 4) Universia
Street Address:		Transported Ta:			
Tity: State i	Country [14] HV 21p Code;	Person Type:	Saxing Position:		Occupant Restrainte:
□ 1) Marie □ 2) Unionarra DOB:	Phone Kumbar: 1	Infary Savarity:	injury Location:		
		. (*183909F) / 1	Abbag Switch:	Ejectod:	Trapped:
]1) Irailing Colt 1 VIM:	C GEPORT NOT	Plefe:	SFito: [] 1) HA	Typo:	
] i) Iralling Unit 2 VIN: TO B	E REPRODUCE	Plate:	Spyre: 11 HA	Typs:	
1) Trolling Units VIN:		Platu;	State: 11 11 IV	(ypo:	
Commercial Venicle:Con	liguration :		mmerchi Velilele	. □aı	enok Bus
2) Bus. > 16 Geopans 77 Tractog I Trailor 31 Bunkle 2 Axio and 6 Tire 51 Tractor I Roubles	11) Tracker / Semi Trailer 12) Passenger Verkele, (Harden) 13) Light Truck, (Harden) 14) Other Heavy Vahlelo	11 Bitver A] Log Book 3] Shipping Bad	Sourc	E 31 Diffee.	
riar Name:			Br Unit GVVVR 10,000 - 20,000 Lbs ☐] 57 ≥ 28,000 Lbs	☐ 11 Hateler
fer Street Address:		City:	State	re: [] 1) Ft.\ S	Op!
Cargo Body Type	Hax-Malio #;	Typa of C	- 1	/ Roport#v	
2) Dank 7) Contento Etixor 72) Aug. 9 · 18 Occ 2) Eurote 78 Aug. 2007 71 8ug. 2 16 Occ	:upuntor		T Carrier Nur	nbor:	·
1) Densey		ा । सन्दर्भाता । □ वास्त्रमान		8	Paga of 6
Veillesmonn	១ (វិប័ក្ស		- Lendonsky	- Miles Action	-, -

Patient: KLINE, KIMBERLY M Clinical Report - Physicians/Mid Levels MRN: M001221557saint Mary's Regional Medical Center VisitID: V00008267251235 West Sixth Street, Reno, NV 89503 775-770-3188 35y, FRegistration Date/Time: 06/25/2015 18:11

Time Seen: 19:37 Jun 25 2015. Arrived- By private vehicle: Historian- patient.

HISTORY OF PRESENT ILLNESS Chief Complaint: BACK INJURY and BACK PAIN. It is described as being moderate: in degree (6) and in the area of the upper lumbar spine, mid lumbar spine and lower lumbar spine and radiating to the right thigh and to the left thigh (intermittant). Onset was today and it is still present. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Patient notes an injury. No other injury.

Similar symptoms previously: (had MRI-1 month ago, hx of herniated disc L34 and L45. Was rear ended 1 month ago, sxs nearly resolved. immediate pain in low back after mear ended today while stopped, other car going about 20mph. no airbag deployment. intermittant radiation into 8 thighs. no radiation past knee. no incontinence. no saddle anesthesias.).

Recent medical care: (Sees chiropractor 2x per week for chronic low back pain).

REVIEW OF SYSTEMS No. fever, chills, difficulty with urination, urinary frequency or hematuria. No skin rash, headache, sore throat, cough or difficulty breathing. No chest pain, abdominal pain, nausea, vomiting or diarrhea.

PAST HISTORY The patient has had prior back pain. Has had intervertebral disc disease. PCP: Jennifer Leary.

Problems: Herniated Disk.

Surgeries: Breast augmentation. (R ankle ligament reconstruction).

Medications: Birth Control Pills. zoloft oral. Allergies.: No Known Drug Allergy.

SOČIAL HISTORY Never smoker. Occasional alcohol use. No drug use.

ADDITIONAL NOTES 'The nursing notes have been reviewed.

PHYSICAL EXAM Vital Signs: Have been reviewed. Appearance: Alert. Patient in mild distress. HEENT: Normal external inspection. Neck: Normal inspection. Neck nontender. Painless ROM. CVS: Pulses normal

RECEIVED

JUL 07 2015

CCMSI - RENO

M001221557 V00008267251 Respiratory: No respiratory distress. Breath sounds normal.

Abdomen: No visible injury. Soft and nontender.

Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine (no stepoff or bony deformities). Mild soft tissue tenderness in the right upper, mid and lower, left upper, mid and lower and upper, mid and lower central lumbar area. No muscle spasm in the back or CVA tenderness. Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor. Extremities: Extremities exhibit normal ROM. Extremities nontender. Neuro: Oriented X 3. Mood/affect normal. No motor deficit. No sensory deficit. Reflexes normal.

LABS, X-RAYS, AND EKG X-RAYS: LS spine series. LS-Spine X-rays: (CLINIGAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4∸5 DDD.

DICTATED BY: NOH,H M.D. Date & Time: 06/25/15 2013). The X-rays were interpreted by the radiologist.

PROGRESS AND PROCEDURES
Course of Gare: toradol 60mg Im.

20:37 06/25/15. discussed results, tx options, precautions, work limitations, and return ASAP for worsening pain, numbness, weakness, incontinence, saddle anesthesia etc. Differential Diagnosis: I considered injury, Musculo-skeletal strain; contusion, disk protrusion, vertebral fracture, sacroiliac joint strain, sciatica and other etiology as a possible cause of back pain in this patient. This is a partial list of diagnoses considered.

Disposition: Discharged. Condition: stable:

CLINICAL IMPRESSION Acute lumbar radiculopathy. Sprain of the lumbar spine. Acute pain in the lower back.

INSTRUCTIONS

RECEIVED
JUL 0 7 2015
CCMSI - RENO

AA 1672

1466 32

V00008267251

M001221557

Apply ice. No lifting greater than 10 lbs of no bending or stooping. No strenuous activity.

warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. SPECIFICALLY, return if you develop weakness of the foot or leg, numbness, tingling, pain or incontinence of feces (loss of bowel control) or urine (loss of bladder control).

Prescription Medications: Flexeril 10 mg: take 1 orally ëvery 12 hours as needed for muscle spasm. Dispense fifteen (15). No refills. Substitution is permissible.

Norco 5 mg / 325 mg tablets: take 1 to 2 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Substitution is permissible.

Predmisone 20 mg: take 2 orally every day for 5 days. Dispense ten (10). No

Fôllow-up: Return to the emengency department if not better. Follow up with a worker's compensation doctor in two days.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by Jessica Starr, PA-C 06/25/2015 23:41)

Co-signature. 6/25/2015 23::26
Agree with PA-C/Mid-level finding and plans.
(Electronically signed by Richard Law M.D. - 6/25/2015 23:26)

RECEIVED

JUL 0 7 2015

CCMSI - RENO

AA 1673

1467 * 3

557 V00008267251

TOTAL TOTAL TOTAL

SAINT MARY'S REGIONAL MEDICAL CENTER

235 W 6th st, Reno, NV 89503 Ph: (775) 770-3000

IMAGING REPORT

PATIENT: KLINE, KIMBERLY M. ACCT: V00008267251 MRN: M001221557 DOB: 10/07/1979 LOC: ED ROOM / BED: / AGE: 35 SEX: F. STATUS: REG ER

ORDERING PHYSICIAN: STARR JESSICA PA-C

ATTENDING PHYSICIAN:

CC: [rep ct name]
PROCEDURE(s): RADIOLOGY - LUMBAR SPINE

EXAM DATE/TIME: 06/25/15 1947 REASON: pain s/p MVC, hx HNP.

ORDER NUMBER(5): 0625-0249, ACCESSION NUMBER(5): 327322.001

CLINICAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are noted at L4-5.

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

DICTATED BY: NOH, H M.D. Date Time: 06/25/15 2013

ELECTRONICALLY SIGNED BY: NOH, H M.D.

Time: 06/25/15 2017

JUL 07 2015 CCMSI - RENO

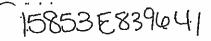
AA 1674

; KIMBERLY M

	PF	I'S AND CHIROPRACTOR'S COGRESS REPORT CATION OF DISABILITY	Claim Number:
	Patient's Name: Nimos Employer: Jty & T	Reve Nine	me of MCO (If sepilcable)
Previous injuries: Diseases: Surgaries Contributing to the Condition: Diagnosis:			
Related to the Industrial Injury? Explain: Objective Medical Findings:			
tendernes (mid) L 12345 = (3) rinld principal			
• 1.	☐ None - Discharged Stable ☐ Yes ☐ No Ratable ☐ Yes ☐ No ☐ Condition Worsened ☐ Condition Same		
May Have Suffered a Permanent Disability 1 Yes 1 No Treatment Plan: Kest, ICE, Medications, Per/WZ 2-3 days Retain to Fo			
C Brip for any new concerns			
☐ No Change In Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working ☐ PT/OT Discontinued			
	☐ Consultation	000-1117	CACAMA CHARLES COMMANDE COMMAN
□ Further Diagnostic Studies: □ Prescription(s) NOW, Flexan, Preduxiv			Qrad.
□ Prescription(s) NOVCO, YUKM VILGUANUM □ Released to FULL DUTY/No Restrictions on (Date):			
Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From:			
Restrictions Are: Permanent Temporary Retailed No Sitting No Standing No Pulling Other: 10 29 2019			
No Bending at Waist			
ate of N	lexic Visit: Date of this Exam:	Physician/Chiropractor Name:	Physician/Cigrapractor Signature: D-39 (Rev. 7/90)
			American Lagribel, Inc. Incompression of the Comment of the Commen

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT FORM C-4 .

	PLEASE	TYPE OR PRINT		· . '
		DE ALL INFORM	ATION REQUEST	ÉO POR O PORTO
First Name Simberly M.I.	Kline_	Birthdale	9 DM XF	Claim Number (insurers use only)
Home Address Puma Driv	€	Aga / Palan 35 07		Social Security Numbor
Le Dashoe Va Neu stat	*\)\\	2000 JU	Telephone	75-815-5790
Mailing Addrass City	<u> </u>	lale '	Zip	Primary Language Spoken
INSURER	THIRO-PARTY ADMINI	STRATOR	Employeo's Occupation	on (Job Title) When Injury or Occupational
Employer's Name/Company Name	of Reno		DOMEST CONTROL	Telephone Child College
Office Mail Address (Number and Street)	110 0 00	moccio	(Das	589-2929
Date of injury (if applicatio) Hours injury (if application)	able) Date Entoloyer N	olified Last Day	of Work After Injury	Supervisor to Whom Injury Reported
lo 25 5 em 33 (Address or Location of Accident (if applicable)	bm 16/25/1.	5	raousi mizéazé	Tim Hendinicks
() (oth St @.	Virginia_			
What were you doing at the time of the accident?	Stannod			······································
How did this injury or occupational disease occur	(Be specific and answer in	n detail. Use addillor	nal sheet If necessar	у)
1000	eriolly			
If you believe that you have an occupational diseaterationship to your employment?	se, v/hen did you lirst have	knowledge of the dis	sability and its	Wilnesses to the Accident (if
	•			applicable)
Nature of Injury or Occupational Disease		on(a) of Body Injure	d or Affected.	
Car Ceredon		JUNG) DAVIN	TROPLE	
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE I HOUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACT SURGEON, PRACTITIONER OR CITHER PERSON, JULY HOSFITI, INSURANCE COLIPANY, OR OTHER INSTITUTION OR CREAMIZ PERTINENT TO THIS INJURY OR DISEASE, EXCEPT MYCHAMAT CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIF	EST OF MY KNOWLEDGE AND T S (NRS 818A TO 618D, INCLUSIV LL, INCLUDING VETERANS ACKI	HAT I PAVE PROVIDEO TI E OR CHAPTER 617 OF N MISTRATION OR GOVERN	HÍS INFORMATION IN OR RS). THEREBY AUTHORI MENTAL HOSPITAL, AN	DER TO OBTAIN THE BEREFITS OF NEVADA'S ZE JNY PHYEIGUN, CHROPRACTOR, LISTINGAL SERVICE ORGANIZATION (1877)
PERINEM TO THIS INJURY OR DISEASE, EXCEPT INFORMAT CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIF	KTION TO RELEASE TO EACH OT ON RELATIVE TO DIAGNOSIS, TI IC AUTHORIZATION. A PHOTOS	THER, ANY MEDICAL OR (REATMENT AND/OR COU! TAT OF THIS AUTHORIZA'	OTHER INFORMATION, IN HEELING FOR AIDS, PSY TION SHALL BE AS VALLE	CLUDING BENEFITS PAID OR PAYABLE CHOLOGICAL CONDITIONS, ALCOHOL OR DAS THE ORIGINAL
Date (0/20/10 Place		Employee's	Signatura Old Y	skely let me
Place Control Of the Name of Control Of the N		of Facility	ORKINGDAYS O	FITREATMENT
Date La Diagnosti sni Description of			that the followed amoing	as was under the influence of alcohol
Hour and acute lumb	oar stray	and/or another co	olst die bijdred emppy Alfolied substance at tr (if yas, piesse expisin)	18 files of the Sockseut). He was augus the tribitation of Skobol
90.00 AD MVC				
Treelment: Mado, rest, Te, Rev a	VL 23 My	ı		If work five days or more?
X-Ray Findings; C. A. J. L. C. D.		Tyes Indicated		able of: D full duty Another duty
1-24W6: 142 DI	- 1118-07 1 01 40	I modified duty, sp	esify any limitaliona/res	nuicuons: Mo bounding,
From information given by the employee, together with medic connect this injury or occupational disease as job incurred?		CAMYIN	gur 118th	3>101bs und 1
Is additional medical care by a physician indicated?		- cuerto	byul	<u> </u>
Do you know of any previous injury or disease contribu	iling to this condition or oc	cupational disease?	O Yes D No	Explain if yas)
Dale (01) 5115 Print Doctor's Name	QUILLER I cer	tily that the employer form was mailed to th	's copy of	
Address W. Leth St	· Light		INSURER'S USE O	HLY Maskers
City State Zip Provider's	Tax I.D. Number Tele	phone		Ketshed
Ooctor's Signature 0	うっ	103185		JUN 8 8 2015
- 7 J	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	MD		
ORIGINAL TREATING PHYSICIAN OR CHROPRACTOR	PAGE Ž-ĮVSURERITI	A PAGE 3 ~ EMP	LOYER · PAGE 4	- EMPLOYEE · Form C-4 (ser 1000)





Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 06/30/2015 11:15AM

Sex: F

Chart: KLK1000001

Chief Complaint: back - 2nd mva 6-25-15

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for :.back - 2nd mva 6-25-15.

Patient was involved in a 2nd motor vehicle accident on June 25, 2015 when she was rear-ended at high speed. She was initially seen and treated in the emergency room with x-rays demonstrating degenerative changes in the lower lumbar spine but normal alignment.

Currently the patient reports

- 1. Neck discomfort -moderate, diffuse, radiation into the right shoulder, associated stiffness.
- 2. Lumbar and thoracic pain -diffuse, nonradiating, no red flags, no numbness or weakness reported in legs. Previously patient and responding to chiropractic treatment.

Review of Systems:

GENERAL: Negative

MUSCULOSKELETAL: muscle.pain;Silffness,spine pain

NEUROLOGICAL: Negative

RECEIVED

JUL 0 2 2015

CCMSI - RENO

Medical / Family / Social History:

MEDICAL HISTORY: HEALTHY

Marital Status: Single. Tobacco use: Non-smoker.

Medications & Allergies:

Allergy	Reaction	
No Known Drug Allergies (NKDA)	N/A-	

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

		·		T		•	
Height	Weight	вмі	Blood Pressure	Pulse	Respiratory Rate	Pain	Smoking Status
'67.00 in	155.00 lbs.	24:30	139/87	78 bpm	¹ 14 rpm	6/10	Never smoker

_ Page 1]

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

By SHMCO at 1:24 pm. Jun 30, 2015



Patient:, KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 06/30/2015 11:15AM ·

Sex: F

Chart: KLK1000001

RECEIVED

JUL 9 2 2015

CCMSI - RENO

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing RESP: normal respiratory effort

MS: normal gait and station

·SKIN: no observed rash/erylhema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

Cervical exam- mild diffuse muscular tenderness to palpation, 'normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, range of motion, flexion 40 degrees, extension

50 degrees, lateral rotation 70 degrees bilaterally with pain at extremes

Lumbar exam - mild diffuse muscular tendemess to palpation, Ford flexion 80 degrees, extension to 10

degrees with pain, normal strength sensation and reflexes in both legs, negative straight-leg test

Assessment:

Туре	Code	Description
ICD-9-CM Condillon	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

Imaging: Imaging reviewed and discussed with pt.

Chiropractic

Work status: Full duty

Return visit: 2,week(s)

Addilional health information: Previous records reviewed as summarized above

Treatment plan: Conservative treatment

Туре	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT.EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE. DATE OF APPOINTMENT: 06/30/2015 11:15AM

BODY PART: back - 2nd mva 6-25-15

age 2]

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 06/30/2015 11:15AM

Sex: F

Chart: KLK1000001

EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO CONDITION RATABLE: NO

Patient missed work on June:29, 2015 because of pain and use of pain medications. Please excuse.

RETURN'VISIT: 2 weeks SIGNED: Scott Hali, MD

REFERRAL SHEET:

Referral from:

SpeciallyHealth, 330 E. Liberty st. #100, Reno, NV 89501

Ph# (775) 398-3630, Fax# (775) 322-2663

Patient name: KIMBERLY KLINE Home phone #: 775-815-5790' Cell Phone #: 7758155790

insurer:

Instirance #:

Date of injury if applicable: 06/3/2015

'Claim # if applicable:

Referral for: Chiropractor, evaluate and treat - 6 visits

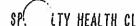
Referral from: Dr. Scott Hall, MD-

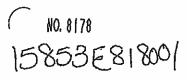
RECEIVED

JÜL 02 2015

CCMSI - RENO

JUN. 30. 2015 5:00PM







SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 06/30/2015 11:15AM

\$эх: F

Chart: KLK(000001

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 06/30/2015 11:15AM

BODY PART: back - 2nd mva 6-25-15

EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO CONDITION RATABLE: NO

Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse,

RETLIRN VISIT: 2 weeks SIGNED: Scott Hall, MD

RECEIVED
JUL 0 1 2015
CCMSI - RENO



Patient: KIMBERLY KLINE

Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/01/2015 10:30AM

Sex: F

Chart: KLK1000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below. The patient reports sclerotogenous related to the, thigh. Patient states that the onset of this complaint was on a specific day/time. (MVA 6-3-15 rear end/2nd MVA 6-25-15 rear end/). The patient stated that the mechanism of injury was acute trauma. (MVA rear end/). The patient describes the pain/complaint as oramping, pressure. (oramp, pressure,). The patient describes the severity of the complaint as moderate. (moderate). The complaint is worsening since onset. (constant tightness). The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication. The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting. (bending over and standing).

Chief Complaint: CHIRO BACK 6/6

Medications & Allergies:

Allergy Reaction No Known Drug Allergies (NKDA) N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height 67.00 in	Smoking Status	
<u> </u>	Never smoker	

ICD-9:

Type	Code	Description
ICD-9-CM Condillon	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition		SPRAIN OF NECK
TOD O ON O I'''	847.1	SPRAIN THORACIC REGION
TOD-3-ON CONDITION	728.85	SPASM OF MUSCLE

Type Code Modifiers Quantity Description CPT 98941 1.00 UN CHIROPRACT MANJ 3-4 REGIONS CPT 97140 25 1.00 UN MANUAL THERAPY 1/> REGIONS	
--	-------------

Subjective:

ige 1] E-signed by Maria B

E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM

Powered by drchrono



Patient: KIMBERLY KLINE

Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/01/2015 10:30AM

Sex: F

Chart: KLK1000001

History of present illness: KIMBERLY KLINE comes in today for a follow up chiropractic visit. KIMBERLY KLINE was involved in a second MVA on 6-25-15. Pt. was rear ended. She was taken that day to St. Mary's ER. Today she complains of lower back back and neck pain with associated headaches. The pain is localized and non-radiating. KIMBERLY KLINE presented to the office on 07/01/2015 with complaints of neck pair, lower back pain, middle back pain. Patient reported that the initial complaint is; feeling a little worse today. Pallen has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are described with the following qualifiers; dull, aching, stiff.

Objective:

neck exam

inspection - pt. looks uncomfortable due to the pain and also because she has a headache

ROM - full in all plains with slight to moderate pain at end range

DTR 2+ bilaterally

strength 5/5 UE bilaterally

sensation intact to light touch

palpation tender to palpation +2 left C2/3 cervical paraspinals, suboccipitals, upper traps, levator scapulae,

anterior scalene, SCM pt. LUMBAR EXAM:

Inspection: normal

ROM: full with pain at end range with extension

Strength: 5/5 bilaterally

Sensation: intact bilaterally to light touch Reflexes: +2 DTR and achilles bllaterally

negative seated straight leg raise

Palpable tenderness, Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derilleld check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion,



Patient: KIMBERLY KLINE

Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/01/2015 10:30AM

Sex: F

Chart: KLK1000001

Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers The spinal level of C7 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction. The objective findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care. KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks., with a follow up visit next week. The patient received verbal instruction regarding icing at home.



Patient: KIMBERLY KLINE

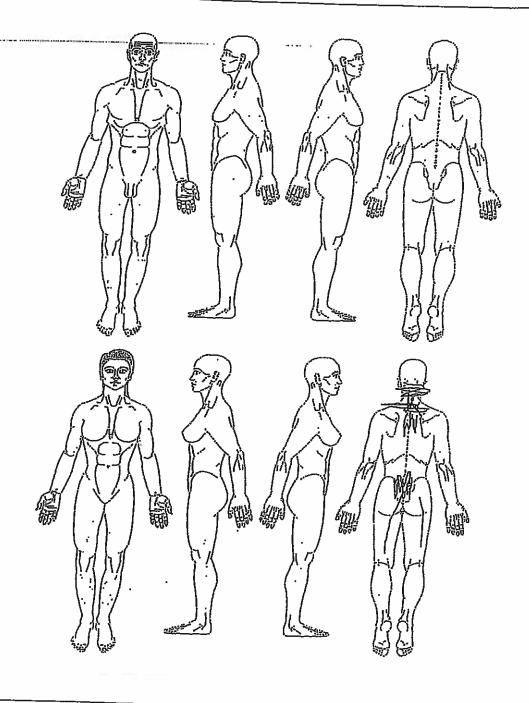
Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/01/2015 10:30AM

Sex: F

Chart: KLK1000001



_,(Page 4]



Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Maria Brady, DC, RN

Visit: 07/07/2015 10:30AM

Chart: KLKl000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below. The patient reports sclerotogenous releval to the, thigh. Patient states that the onset of this complaint was on a specific day/time. (MVA 6-3-15 rear end/2nd MVA 6-25-15 rear end/2. The patient stated that the mechanism of injury was acute trauma. (MVA rear end/2nd patient describes the pain/complaint as cramping, pressure. (cramp, pressure.). The patient describes the severity of the complaint as moderate. (moderate). The complaint is worsening since unset. (constant tightness). The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication. The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting. (bending over and standing).

Chief Complaint: CHIRO BACK add'i 1/6

Medications & Allergies:

No Known Drug Allergies (NKDA) N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height Smoking States	7
I Nevel sulloxel	1

ICD-9:

Type	Code	(Desoribilation and the property of the proper
TOD-3-CIM COURTINOU	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition		SPRAIN OF NECK
ICD-9-CM Gondition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type Cos	Modifiers	Quantity	Description	
		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS	PECETVED
CPT 97140	25		MANUAL THERAPY 1/> REGIONS	

Subjective:

AUG 0 3 2015

<u>CCMSI - RENO</u>

[Page 1]

E-signed by Maria Brady, DC, RN on 07/07/2015 2:22PM

Powered by drchrono



Patlent: KIMBERLY KLINE Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/07/2015 1.0:30AM

Sex: F

Chart: KLKI00001

History of present illness: KIMBERLY KLINE is back for a chiropractic follow up visit. She states that she's silling stiff, but is slightly better since last visit: Her headache is slightly better too. Her lower back is admand is uncomfortable at night. The pain is localized and non-radiating KIMBERLY KLINE presented to the office of Q7/07/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial headache. Symptoms associated with the chief complaint are described with the following qualifiers; dull, aching, stiff.

Objective:

Palpable țehderness. Țăut and tender polnts, Myofasclal pain, Taut Ilbers were present in the area of the diel complaint.Examination of the spine was done by palpation, joint motion, and observation, Joint fixations with blo-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: G6, G7, T1, T3, T4, L4, L5, S.i...Palpation of the left side of the body'showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm; and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Defilled check: Left shart with stays short, POSTURE ANALYSIS FINDINGS: Anterior head carriage Tendemess to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle libers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion, Tenderness to touch, Hypertonic muscle tone, Hypo-mobile Joint function, Taut and tender muscle libers. The spinal level of C7 was lound to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hyperlonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of Lö was found to have palpalory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was tound to have palpalory tenderness, decreased mobility, and hyperionicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. We reviewed her home exercises. I recommended that she round her shoulders during the day and do AROM for he spine to help with muscle tension and spinal mobilization. Her progress is slow, but she is improving: She is also getting over a head cold which makes her tired. This should be a good week for recovery for her. I advised her to get some good sleep, plenty of fluids, and do her exercises. I will follow up with her towards the end of the week: I also recommend she sleep on her

[Page 2]

E-signed by Maria Biady, DC, RN on 07/07/2015 2:22PM

Powered by drehrono

RECEIVED

AUG 0 8 2015

AA 1686



Patient: KIMBERLY KLIŅE

Provider: Maria Brady, DC, 'RN

DoB: 10/07/1979

Visit: 07/07/2015 10:30AM

Sex: F

Chart: KLKl000001

Plan:

Chiropracile adjustments we're provided. The goal is to restore blo-mechanical function, resolve neuromusular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelyis. Of was adjusted using Palmer Diversified technique. This was adjusted using Palmer Diversified technique. This was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Side Posture technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified technique. The was adjusted using Palmer Diversified techniq

[Page 3]

E-signed-by Maria Brady, DC, RN on 07/07/2015;2;22PM

Powered by drchrono

AA 1687

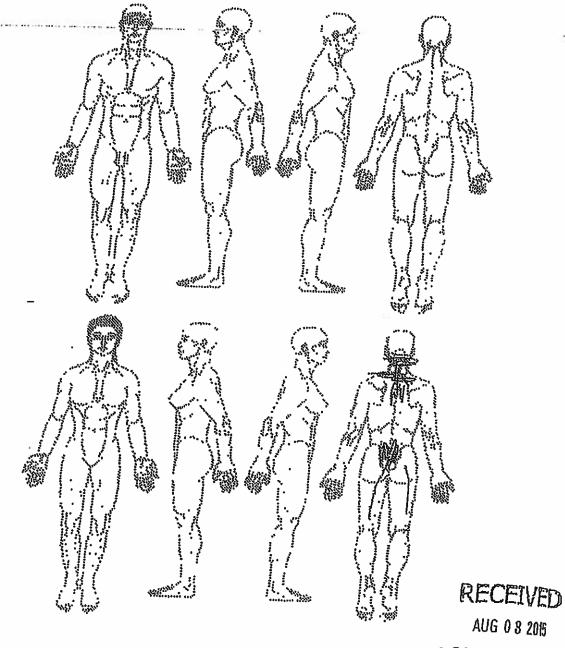
RECEIVED



Patient: KIMBERLY KLINE Provider: Maria Brady, DC, RN

DoB: 10/07/1979 Visit: 07/07/2015 10:30AM

Sex: F Chart: KLK(0000)



CCMSI-RENO

Powered by drchrono



Patient: KIMBERLY KLINE

Provider: Marla Brady, DC, RN

DoB: 10/07/1979

Visit: 07/09/2015 2:00PM

Sex: F

Chart: KLKlogowi

KIMBERLY KLINE presented to the office on 07/09/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; about the same since last-visit. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are:described with the following qualifiers; dull, aching; stiff.

Objective;

Palpable tenderness; Taut and tender polints, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint lixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the iollowing areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derilled check: Left short with stays short. ROSTURE ANALYSIS FINDINGS: Anterior head carrilage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint tunction, Taut and tender muscle-fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of mollon, Tendemess to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle libers. The spirial level of C7 was found to have palpatory tenderness, decreased mobility; and hypertonicity. The spiral level of C6 was found to have palpatory tenderness; decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tendemess, decreased mobility, and fixpertonicity. The spinal level of T3 was 'found to have palpatory tenderness, decreased mobility; and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have. palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. She is still feeling pretty sore. This last accident seems to be worse than the first one. She states that she was hit harder from the second MVA. She is making slow progress at this time. I will follow up with her next week. We reviewed her home stretches and exercises. Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams: at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derilled leg check indicates that that problem is mainly muscular and/or blo-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction: The objective

"^jage 2]

E-signed by Maria.Brady, DC, RN.on 07/10/2015 11:00AM

Powered by drehroito

AUG 0.3 2015



Pátlent: KIMBERLY'KLINE Provider: Maria Brady, DC, RN

DoB: 10/07/1979

Visit: 07/09/2015 2:00PM

Şėx. F

Chart: KLKI000001

findings at the spinal level of C6 indicate, segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of Indicate segmental dysfunction.

Plan:

Chiropractic adjustments: were provided. The goal is to restore bio-mechanical function, resolve neuromusular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derilleid leg check should balance with a proper chiropractic adjustment to the pelvis. 67 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should confirme with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks, with a follow up visit next week. The patient received verbal instruction regarding icing at home.



Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Maria Brady, DC, RN

Visit: 07/09/2015 2:00PM

Chart: KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below. The patient reports scientogenous releval to the, thigh. Patient states that the onset of this complaint was on a specific day/time. (MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end). The patient stated that the mechanism of injury was acute trauma. (MVA rear end) the patient describes the pain/complaint as cramping, pressure. (cramp, pressure,). The patient describes the severity of the complaint as moderate. (moderate). The complaint is worsening since onset. (constant tightness). The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication. The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting. (bending over and standing).

Chief Complaint: CHIRO BACK add'l 2/6

Medications & Allergies:

NA NA	Alletely (NEDA) No Known Drug Allergies (NKDA) N/A
-------	--

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height 67,00 in	Smöking Status (1) And Status (1) An
	1 110491 SHIOKSI

ICD-9:

Type;	Code	Déscription/secretaires services de la company de la compa
IGD-9-CM Condition	847.2	Description SPRAIN LUMBAR REGION
ICD-9-CM Condition		SPRAIN OF NECK
IGD-9-CM Condition	847.1	SPRAIN THORACIC REGION
IGD-9-CM Condition	728,85	SPASM OF MUSCLE

1	Type /	.Code	Modifiers	.Quantity	Description Subsequently and some services of the same services of the s
Į.	<u> </u>	20241		1.00 UN	CHIROPRACT MANJ 8-4 REGIONS
Ĺ	CPT	97140	25		MANUAL THERAPY 1/> REGIONS

Subjective:

[Page 1]

E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

RECEIVED

Powered by drohrono

CCMSI - RENO



Patient: KIMBERLY KLINE

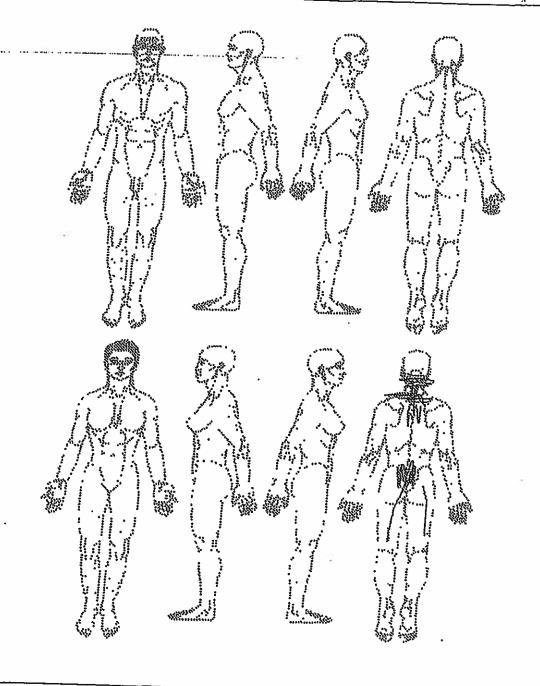
Provider: Marla Brady, DC, RN

DoB: 10/07/1979

Visit: 07/09/2015 2:00PM

Sex: F

Chart: KLKI00001



[Page 4]

E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

RECEIVED by drohrono

AUG 0 3 2015

CCMSI - RENC

AA 1692



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 07/14/2015 10:45AM

Sex: F

Chart: KLK1000001

Chief Complaint: BACK2 WEEK FOLLOW UP

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for : BACK2 WEEK FOLLOW UP .

Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and sliffness, minimal improvement with chiropractic care, no numbness or weakness.

Review of Systems:

GENERAL: trouble sleeping

MUSCULOSKELETAL: muscle pain, Stiffness, spine pain

NEUROLOGICAL: Negative

Medications & Allergies:

Allergy :	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

Height	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	112/84	86 bpm	14 rpm	97.00 %	5/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva .

EARS: grossly normal hearing RESP: normal respiratory effort MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck- normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and

sensation

_, 'age 1]

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM





Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 07/14/2015 10:45AM

Chart: KLK1000001

Lumbar exam -mild tenderness to palpation across the lumbosacral junction bilaterally, normal strength and sensation, normal reflexes in both legs

Assessment:

Type	Code	Description"
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

Imaging: Imaging reviewed and discussed with pt, images reviewed with pt.

Physical therapy, Evaluate and Treat - 6 visits

Education: Patient informed about treatment plan and instructions

Work status: Full duty Return visit: 2,week(s)

Treatment plan: Conservative treatment

Patient continues to have back and neck, minimal improvement with chiropractic care, recommendation to try physical therapy, records reviewed and discussed with the patient from her orthopedic evaluation prior to the work injury

Type,	Code	Mödifiers	Quantity	Description	-	, ' .	• • •	
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT EST			· · · · · · · · · · · · · · · · · · ·	-

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 07/14/2015 10:45AM BODY PART: BACK2 WEEK FOLLOW UP

EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO CONDITION RATABLE: NO

Page 21



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 07/14/2015 10:45AM

Sex: F

Chart: KLKI000001

RETURN VISIT: 2 weeks SIGNED: Scott Hall, MD



TO:

Kimberly Kline 305 Puma Drive

Washoe Valley, NV 89704

Re: Claim No:

15853E839641

Employer:

Cily of Reno

Insurer: TPA: City of Reno CCMSI

Date of Injury:

6/25/2015

Date of Notice:

7/23/2015

Accepted Body Part:

Cervical Strain

NOTICE OF CLAIM ACCEPTANCE (Pursuant to NRS 616C.065)

Dear Ms. Kline:

The above referenced claim has been accepted on your behalf by CCMSI. Please be advised the diagnosed lumbar strain will not be covered under this claim as you are currently treating under claim number 15853E818001. Please check the information contained in this notice. If you find any of the information to be incorrect, please promptly notify this office.

If you disagree with the above determination you do have the right to appeal by requesting a hearing before a hearing officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings sion. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was nied

Department of Administration Hearing Division 1050 E. William Street, Ste.400 Carson City, NV 89710 (775) 687-5966 OR Department of Administration

Hearings Division

2200 S. Rancho Drive, Suite.210

Las Vegas, NV 89102

(702) 486-2525

Veny truly yours,

Yesenia Martinez

Medical Only Claim Representative

EASON FOR APPEAL:		
•		
Signalure	· e;	Date

tain a copy for your records File, City of Reno, Specially Health

D-30 (rev. 5/10)



<u>INITIAL EVALUATION/PLAN OF CARE</u> For oulpatient rehabilitation

NAME: Kimbarly Kilna

DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bruesewitz, P.T.

START OF CARE DATE: 08/05/16-

DATE OF ONSET: 06/03/15

TYPE OF THERAPY: .Physical Therapy

History: Padent le a 38-year-old temale who complains of low back pain with limited mobility along with neck pain and tightness and daily headaches. Patient was represed white diving at work on 08/03/15. Patient had some chiomodic tightness and daily headaches. Patient was rear-ended while diving at work on 06/03/15. Patient had some chiropaus treatments for her low back pain, but the pain continued. Patient was then rear-ended a second time on 06/25/15 ausing increased low back pein and increased neck pain and tightness. Patient want to the emergency room and x-rayawer tragative. Patient currently complains of back pain that averages 4-5/10 and neck pain that everages 2/10. Oursel functional limitedors include the low back accasionally locking up with prolonged positioning and with banding own sculptions, increased low back pain with welking greater than 5-10 minutes, increased low back and neck pain when alling and driving for 60 minutes at a time, trouble tooking around while driving because of neck pain and inability to lift shything from the ground because of low back pain. Patient works as a parking enforcement officer for the City of Rene and works and analysis.

Palient Problems:

Pallent presents with slightly rounded shoulder posture. Standing posture was good with normal lumbar lordsis, Pellent demonstrated good heal-toe galt pattern.

AROM: Lumbar AROM; Flexion was fingers-to-toes with a "catch and pain" at 30°-40° when going down and coming back up, extension 90° with pain, and side banding was lingers to knee joint line without pain. Cervical AROM: Flexion 50°, extension 50°, right rotation 65° with tightness, left totation 70°, right side bending 35°, left side bending

3. Palpation: There was tenderness and tightness noted over the right cervical paraspinals, suboccipitals, right sedence and right upper trapezius. There was tenderness over the L3-S1 paraspinals. There was tightness in bilateral illopaces. Polylo asymmetry was noted with a posterior rotation of the left innominate.

4. Bilateral hip weakness (4/5). Bilateral kness and ankle strength was 5/5. Bilateral upper extremity strength was 5/5.

6. Passive straight leg raise was negative. Seated Slump test was negative. Patient denies any numbness or lingling in extremities. Spurling's test was negative.

Back Index score was 52% (normal was 0%).

Neck Index ecore was 24% (normal was 0%).

Lumbosecral strein/eprain with pain and decreased ROM.

Cervical strain/sprain with pain.

Plan of Treelment: Modelilles for pain control, alretching exercises, posture readucation, manual therapy techniques to decrease pain, therapeutic exercises and therapeutic activity for strengthening, neuromuscular reeducation for core etabilization exercises and home exercise program development.

Sinutiern goals! (2 weeks),

Palient will begin a daily stretching program for home.
 Palient will tolerate 70-15 minutes of treadmill to increase endurance.

AUG 24 2015

CCMSI - RENG

OSPARKS LOCATION - 1450 E. Preter Way, Suite 103 - Sparks, NV 89494 - T: 775.391,1186 - F: 776.331,1180 DNORTHWEST RENO 1610 Robb Drive, Ste. D5 • Reno, NV 89523 • T: 775.746.9222 • F: 778.746.9224 OSOUTH REND - 17331 South Virginia, Suite 3 . Reno, NV 89811 - T: 775,853.9966 - F: 775,853.9969

AA 1697

57

E/7 '1 6/70 '0x1



Page 2 Kimbarly Kline 08/05/15

Long term goals: (4-6 weeks)

1. Decresse Back Index score to \$ 30%, -2. Decresse Neck Index score to \$ 15%, 3. Patient will be able to Walk at least 30 min 4. Patient Will be independent with home exe	ules in the comm	unlly without increase	d low back pain.
Goals discussed with patient? Yes.		Pallent informed of	DiagnosisiPrognosis? Yee.
Rehabkkation potential la: Good.		Frequency/Duration	i'ŻX/week for 8 waeks.
I certify the need for these services furnished un The above plan of care is herein established an	id will.be reviewe	care effective the plan d avery 30 days,	
Therepist signature: Miles gees:	explor t	-	Date: 8/5/65
Referring Physician signature:	840AL	8/11/14	Date:
T: redmr.com/GV/TN			
•			

RECEIVED

AUG 24 2015

.CCMSI - RENO

DSPAHKE LOCATION - 1450 E. Prater Way, Suite 103 · Sparks, NV 89484 - Tr. 776;931,1180 · Fr. 776,931,1180 UNORTHWEST RENO 1510 Robb Drive, Star. D5 - Reno, NV 89523 · Tr. 776,746,9202 · Fr. 775,746,9204 PEOUTH RENO - 11331 South Virginia, Suite 3 · Reno, NV 89511 · Tr. 776,853,9866 · Fr. 775,853,9889

TREATMENT ENCOUNTER NOTE

	Pati	ent information								
	Acco	unl #: _0028102075		Co - Pau						
	Name	e: Ktine, Kimberly		injury tr:	•	OF	0.,	-Insurance:		
	Payor	Code: A0028 Payor	Name:	COMSI		Dx	·			
	Appol	niment Delail					- Fine	ncial Class: WCOMP		
	Discipi	ine;	Tu 17	: In: 16	45		,	. (1)	45	
**************************************			7× 1100		35	Te	otal Time Ba	ised Time: 35	***********	
		08 / 05 / 15	# Visils I	rior To To	day; of	To	tai Treaime	of Time: Ce)		
	ADO1	Dancripilon: PT Evol	פחתנו	RT Code	Description	Junua	RT Code	Description	etial	
	A002	PT Ro Eval		F010 G00s	Vagopnoumatic Davios		C005	Galt Training	1000	
	LOOK	OT Evol		BOOI	Инчестия Малиы Тролару	 	FOOR	Traction Machanical		
- 1	A004 F003	OT Re Eval		C004	Therapulic Activities		H003	Cuatom WHFO STATE		
		RPJOP Estim Unational	 	C002	Nauromuseviar Ra-Ed	, T	H008 H006	Custom WHO Stelle	 _	
		Self Caroldorae Management		C003	Therapoutic Exorcise	7		Custom WHFO bynamic	 	
-	diisaaal 7	realment Codes:						CHRICIN HLO SPRING		
SO	AP;	Partral Fral								
		Dratment								
		1) ft ed ~	d	s and	o Ur quata					
		Postera	•	2. 260	CO PURIT	my_		Joruen /5 pan		
		1) Fortweter	a	home	e smetzbu			, \ \ /	,	
	······		e h	o-do	- 1 (2007,	7-	(101	ris) (Thur	r-/	
		(31 Mac 10 mens		- 00	(10')					
		Fine tru	ction	til		Brr.	VIC			
		7,72	سيريند	-de			beta 12	2 2		
			<u>- 42 ×</u>			,,,,,	No les Les	a sec	~~~~	
		(Manual	Ther	7/4	(65.)					
		5m./m	151	Y .	che marine		UT.	Mildes		
•	···········			BALEIT	o · Msoas	12	leopen			
•		ME	<u>T - </u>	. pentre	s illial a	27				
-						_ - (
_			 -			- }}				
-						-60 { -				
_					RECEIVE	D				
THER	CPAIT CRECEN	Mbreelecrep	PT		AUG 2 4 20 !		PADROCUS PADROCUS	- 	AA 16	99
LICEN		0773		(CMSI - RE	:NC	· ·		50	

TREATMENT ENCOUNTER NOTE

Palient in								
	ormalion							
Account #;	0028102075	•						٠
		- ·	Co - Pay	:	OR	Co-	Insurence:	
Name: Kilne	, Kimberly	•	lajury #:	001	Dx:	8472	Sprains and strains of it	ttupa
Payor Code:	A0028 Payo	r Name: _	CCMSI			Cina		
Appointmen						rina	ncial Class: WCOMP	
.107				77.			0/5	k
Discipline: P	<u> </u>	Tx Time	In:	30				•
		Tx Timo	Out: 2	,40	_		•	
Da(e; _08 / 1	1 /15				Tot	al Time Ba	sed Time; Lab.	
RT Codo Deuc				oday: 1 of 0	Tola	i Treatmer	it Time: 75	
4001 PT EV.		ជ្រាវុទ	RT Code	Description .		RT Codo	Description	Ųο
DQ2 PTRO	Rvzul		GOOX	Votrappermette Davico		2002	Galt Training	I
003 OTEV		·	B001	Manual Thorapy		F008 1003	Trevilon Mechanical Custom WHFO State	╬
DO-1 OTRE	EAgl		C1001	Theraputic Activition		1008	Custom WHO Statle	+
	Inattone		C005	Ноиготрасшот Ru-Ed		006	Curtom WHFD byлалю	1-
	rolkome Menapemoni		Q002	Therapeutic Exercise	2 H		Cusion HEO Staffe	1
1: Var	treatment.		ubraci	p.tolo. parasporalo.	- 70		on-bole 4:	Š
						_		
•								

AA 1700

AUG 24 2015

1494 60

LICENSEHO. _______ DENICT DENIC

TREATMENT ENCOUN	08-18-15 W56am
Pallent Information	
Account #; 0026102075	
Name: Kline Kimberk	OR Co - insurance;
injury #: _001	Dx: 8472 Sprains and strains of lumbs
Payor Code: A0028 Payor Name: CCMSI	Financial Class: WCOMP
Appointment Detail	Cli Vic
Discipline: PT Tx Time in: 9:00	
Tx Time Out: 10:20	
Onle: 08 / 18 / 15 #Visits Prior To Today: Z of 12	Total Time Based Time:
RT Code Description Units RT Code Description A081 PT Evel	Total Treatment Time: 80
A002 PT Ro Eval F010 Vanopheumalia Bevi	- India regulated
A004 OT Re Eval B001 Manual Thorapy	2 Hans Custom Wiffa State
FOO4 Emilia Unattond Coo2 Bouromusidar Ra-Ed	HIGGS Market Alanna a Time
Additional Treatment Codes:	3. Hots Custom HFO State
SOAP: So I am not is some in lack	
Sleep well hot white	7/- 100
My study lovers are Delat Xal	ind Cos 25 a lette
The total Mary	
O. Per treatment log	
It The IEC below control UR and	
in lower Le ma cer	9411 Keny tra hor
Pr sand	
and part of the	strengthening the
- Floor J. Tool	RLCEIVED)
	AUG 2:4-20 5
	- CCMSI-RENC
•	
	-) 10
	- (<i>W)</i>
118	
THERMATICROCHTULO	AA 1701

ugdne no.

12703 08-20-15 1228pm

TREATMENT ENCOUNTER NOTE

Pa	tient Information				()) ·	WIE		
	ount#: _0026102075							
	te; Kline, Kimberly		Ço - Pay		OI	R Co	- Insurance;	
				001	Ω	8472	Sprains and strains of it	/Ulps
	or Code: A0028 Payor i	Yamo:	CCMSI			Fin	ancial Class: WCOMP	
Appo	intment Detail						TYOURK	
Discip	ollne: PT	TX Tim	e In: 10 =	84	100	;	12	<u></u>
			Oul: 5				,	
Dale;	OR / OD INC		•		τ	olal Time Br	osed Time;65	
	Dezeripilon	later .	nor to To	day: 3 of 12	To	ilsi Treatma	nt Time: <u>Q6</u>	
A001	PTEVAL	Vnne	FOIO	Dozeripilon	Unite	III Code	Doncription	Unitz
AVOZ	PT Ro Eval	 	G001	Vasopheamatic Davice	<u> </u>	C005	GAIT Training	Binle
A005	OTEVAL			Ulirazound		F008	Trosilon Machanicat	
A004	OTREEval	 	B001	Manual Thorapy	2	Hoos	Cualum WRFO Stale	
F003	HEICP)	┦┈╌	C001	Theropusic Activities		HDOS	Castom WHO State	
FOO.	Enter Unattond	 	Ç002	Reuromuscular Re-Ed	_	300H	Cuntom WHFO Dynamio	├ ──
17001	Solf Carellions Management	 -	C003	Therapoutic Exoreice	2	HOIB	Custom HFO Static	 -
ا الساملة ا	The standard of the standard o					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cuetom HPO State	
Agoillousi	Treatment Codes:							<u> </u>
SOAP:	52 Neah is de							
	The second second	بالمطر	<u>Y^ </u>	MADEL DOOM	1		46. Feels	•
	- whe a lot	L	, X	The state of		OIDA C	ner ecus	,
,			$-\mu cot$	wing in 4118	_1	10 . Je.	G 64.	
	20 14 1/00/ Px1	<u> </u>		105 - 10 00 00			•	
	<i>V</i>		11					
			Hu	protonic + po	X.L	La. J.	81 00000	
-			IL.	4	مست		h papariaL	
	Pid Hull = m			#### <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>			#-a;c-	
		لصح	بدهمر	Per 1 Uhira	h-	1		
•	1 ~ ~ · · · · · · · · · · · · · · · · ·			Rx & Yrum	<u>√√₽</u>	ウェイハトに	e fac D.	
ρ	p reposer posis				~			
·	-a P-Muis, You	mbo-	O at Luce	stan		*****		
			1					
		 -						
·				<u> </u>				
								
	_ 							
								
 								
							_	
*								
							\sim	
						(%)	{* }	
),(
					- (√ 91 <i>9</i> >	•
				THE PARTY OF THE P	Ī		11/1/1	
				-10	- 7	6-41	24. 1.4.	
				G-453 -	. [/	₩ 1		
			9 6-	. 4 2015	201	- <u>F</u> 1).\	الاستالا	
			CEP	10 ton	-W (/ / W	A TWO CONTRACTOR	
			<u> </u>		1	117	* \	
				- DEIN		뮋민)] [
			MARINE	U U	. (1X/)	(4 }	
			T VANP	ولا ال		147/	\ 1 /	
		-	,		,) <u>}</u> }{	
	1				4	العالا	(\mathfrak{P})	
	A.		-	٠ ــــــ -				
	_ VWW [, C	TVE			MITCHE	~┦─┤ ┛	
KERWIBT I COLEDE	MILLO	T	115, 1	•		· my pock	ť	
	The state of							

62

AA 1702

1496

11 ,9 2870 .ou

MJCC:C GIA7 17 804



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 08/20/2015 9:15AM

Sex: F

Chart: KLK1000001

Chief Complaint: CERVICAL STRAIN

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 35 female who presents for : CERVICAL STRAIN.

Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height .	'Welght	ВМІ	Blood Pressure	Pulse	Oxygen Saturation	Pain	Smoking Status
67.00 in	155,00 lbs	24.30	116/64	72 bpm	97.00 %	3/10	Never smoker

CONST: well-appearing, NAD EYES: EOMI, normal conjunctiva EARS: grossly normal hearing RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, mild muscular tenderness to palpation over the trapezius, full motion

with grossly normal strength and sensation in the arms

Assessment:

Туре	Code	Description	
ICD-9-CM Condition	847.0	SPRAIN OF NECK	

್ಷ.^೨age 1]

E-signed by Dr. Scott Hall, MD on 08/20/2015 10:25AM

AA 1703





Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 08/20/2015 9:15AM

Sex: F

Chart: KLK1000001

----Plan+----

Education: Patient agreeable to treatment plan and instructions

Work status: Full duty, MMI

Return visit: Pt to call with questions/problems

Treatment plan: Supportive treatment with recheck if not better

I believe she has done very well with physical therapy and recommend she simply complete her currently approved therapy for her neck, we will monitor her and I have asked her to let me know how her neck does and notify me if there are significant issues.

Type:	Code	Mödifiers'	Quantity	Description	 · · · · · · · · · · · · · · · · · · ·	 -
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST	 	

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 08/20/2015 09:15AM

BODY PART: CERVICAL STRAIN EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES CONDITION RATABLE: NO

RETURN VISIT: MMI SIGNED: Scott Hall, MD

TREATMENT ENGOUNTER NOTE

Patient Information		MOOON THE	 IEK N(OTE	
Account #: 0028102075	7,000				
Name: Kline, Kimbarly	- Go-P		OR	Cr	- Ineurance:
	. Injury f	/: <u>001</u>	Dx:	8472	Sprains and strains of lumbs
Payor Code: A0028 Payor	Name: CCMSI	<u>. </u>		F	
Appointment Detail				111	ancial Class; WCOMP
Discipline; PT					Back , O
	Tx Time In:	<u>23</u> .			
	Tx Time Out:	B 5			lan
Dale: 08 / 25 /15	il Violio tistonero		Tola	i Time 8:	ased Time: (QB)
his cone loopelibiles	# Visits Prior To 1		Total	Treatme	ni Time; Les
A005 PT Eval	FOIO	de posariation	Units R	T Code	Donction full
A002 PT Ho EVAL	G001	Manapheumatic Dovidor		005	Gait Training
A004 DTReEvat	B001	Manual Therapy		108	Tracilon Machanical
F003 RPICP	C001	Therapulic Activities	HO	203	Cuntom VIHFO Stalle
FOOX Eatim Unafford	C002	Hauromuscular No-Ed	/ Ho		Custom WHO Stalle
DOO! Solf Carellioms Management	C003	Thorapoutic Exerciso	/ но		Gustom WRFO Dynamic
Idillonal Treatment Codes:	LL		-1	30	Custom HFO Stalle
Mech tightness	25 1. 5711 (prassu	and Los referes; comps/gres, re	2,3	į-str	consistent
Or lar frestonant log.	<u> </u>				
Brok Fredox > 34 %		Neet Index	5 Z 8	10/-	المالية والمالية ويمالية
Re Engl - BOR 4	විර			10	KELEVED
As Decreesing neck 18:0	Sin A	in proving l			SEP 1 0 2015
Still West I safe	LB	pachagaina se	Zovu.	-	CONTRACT—PORTA
1) Limster Francisan	In breno	lean	- /	سركبالم	IMSI - RENO
ps cost extak. x a		er wpo en		TO TO	
				A P	
MABORAGERA				/	M

AA 1705

65





UPDATED PLAN OF CARR

	For autpatient rehabilitation
PATIENT NAME: Kimberly Kilne	• •
REFERRING PHYSICIAN: 'SCOTI-Hall, M.D.	DDB: 10/07/79
DIAGNOSES: 1. Lumbosacral alfain/sprain with pain 2. Cervical atmin/aprain with pain.	THERAPIST: Mark Bruesewilz, P.T. and decreased ROM.
DATE OF ONSET: 08/03/16 START OF CARE DATE: 08/05/16 TOTAL VISITS: 6 of 8 approved	DATE OF REEVALUATION: 08/28/45
Eveluntion of Progress: Pallent reports of steady impleads in least in least consistent and it is not as intense as before, slill complains of pain and pressure across the low back, at night because she is unable to get comfortable. She trange of cervical rotation.	NECOMMEMBED ADDITIONAL VISITS: 12 Tovement over the leaf few weeks. She reports the pain in the necked low. The neck lightness at comes and goes depending on her activities. She she no pain going down the legs. She occasionally has truits damping as been able to look around befor while driving, but still has lightness at one
Patient Problems/Statue; 1. Patient is becoming more aware of utilizing proper po 2. Improving lumbar AROM; Flexion was fingers to loss and side bending was lingers to knee joint line without and side bending was lingers to knee joint line without and side bending was lingers to knee joint line without and side of the without and side of the lumbar and side in the lumbar and side of the	sture throughout the day. I with a "catch" at 90° when going into flexion, extension 35° with midpain to pain. Praio: 45° (was 50°), right rotation 75° with hightness at shd range (was 65°), fight side bending 35° and left side bending 35°. In the suboccipitals and bialetal upper trapazius. There was tendeness arminelly was noted with a praiotal solution.
Were previous goals met? Palient met short-term goals en	ionitol, low bank and pools stockets.
Long-lern doals: (4-6 weeks) 1. Dooreese Pack Index score to < 26% by discharge. 2. Decrease Nock Index score to < 36% by discharge. 3. Patient will be able to forward bond during ADLs without be Patient will be able to drive the work vehicle throughout the B., Patient will be independent with home exercise program by	ack pain.
Godia glacusaed with balleut? Ast.	Rehabilitation potential is: Good, SEP 15 2015
riedneucy/Diliation; Sxweek for 8 weeks:	me amount months
I have reviewed this plan of care and recertliy a continuing need of care is herein established and will be reviewed every 30 days.	for services and the patient is under my care. The above updated plan
Therapisi signature: MBeceroescopy (Dale: _ 25/15
Referring Physician's signature;	4119
T: rsdmi.com/GV/MV	Date:

AA 1706

66



To:	
	Kimberly Kline
	305 Puma Dr.
	Washoe Valley, NV 89704

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015

Date of Notice: 8/27/2015

From: Yesenia Martinez, Medical Only Claims Representative

NOTICE-OF INTENTION TO CLOSE CLAIM (Pursuant to NRS 616C,235)

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

Nevada Revised Statute (NRS) 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since me of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for pening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

er you disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment or supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to

f your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom ortion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within eventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration Hearings Division 1050 E. William Street, Ste. 400 Carson City, NV 89710 (775) 687-5966

OR

Department of Administration Hearings Division 2200 S Rancho Drive, Suite 210 Las Végas, NV 89102 (702) 486-2525

oson for appeal:	
ature in a copy of this notice for your records,	Date

ile, City of Reno, SMRMC, Specialty Health

D-31 (rev. 10/10)

AA 1707

TREATMENT ENCOUNTER NOTE

P	alient Information							
Ac	ecount#: 0028102075							
Na	me: Kline, Kimberly			зу:	0	R Co	- Insurance:	
	Bester On Landage			001	Юx	: 8472	Sprains and strains of	femba
~	ointment Detail	Hame:	CCMSI			_ Fin:	ancial Class: WCOMP	
							cls	4/1
Disc	Ipline; PT	Tx Time	e In:	200				
	7	Tx Time	Out: &	55	_		·	
Dale:	09 / 01 /15	Vielle I	יי איי די איי		To	olol Time Ba	ased Time: 55	
RY Cod		lunta	100 10 10	oday: 5 of 24	To	tal Treatme	nt Time: 58	
A001	PT Eval	Viilla	F010	e Description	Units	RT Code	Description	lucu
A003	PT Re Eval	1-	G004	Vasopneumatic nevice	2	C006	Guit Training	ยกหร
A003	OT Eyel .	 	B001	ព្រម្មទេឧទវាជ្រ		FodB	Traction Machanical	
	OT Re Eval	 	C001	Manual Thornpy	12	H003	Custom WHFO Statio	
F003	HP/CP			Theraputic Activities		H006	Custom WHO Static	
F004	Estim Unattend		0002	Reuremuscular Re-Ed		Hobs	Chater Mare 2	
0001	Lalf Carcillome Management		CODS	Therapeutic Exercion	1, 7,		Custom WRFO Dynamk	— <u> </u>
Additional 1	Treatment Codes:						Cuatom HFO Stalic	
OAP: 5 \$				 1				
OAP. <u>5.3</u>	Itt Saw mos -	475~	Wea		•			
	I have been	45.		To c	ant	ense.	7 .07	
	d have been	<u> </u>	Tryi	~ 65 0		9		
	- Jes - all h	Lave	_ ~~~	uslone to	1000	m an	LB - but	~
	my B is 1			andone its				
		~~ <u> </u>	n-9_	more la	by the			
	the Small o	R	7.0		· HALL		fram acros	
-	Walking 7 10		1 4	- back			# -·	-
	100 T 10	nea	Cau	see tod	UB	yais		
—					- 02	T. O.A		
	reck or stiff -	10	motor	7 - 7 - 7				
<u>Ø</u> 5	Par treatment 1		War Land	votation				
-,		04			•		~	
	Us Fax to	7/2	أر مه	(1/	**			
	EAH . 350			catch pato		t 30	of torrell box	Car .
			mile	1/94				7
	- FO ~ OK	٠.			·			
	Fronder Las	4 4 4						
	Tight ut;	7214	F	5/4/5		60% 1	ECETI/FD	
	real all					-K	CCEIVEN	
A. P.	4 - 4						OED 4 F 2015	
13. 1.	5-50 more pain	8 m	7	male d	-	\sim	SEP 1 5 2015	
	7		7//	10000 - B		{ ₁ 27}	(1)	
	109.77 ming. Wes	اد	450	core situation	مبر		act libeno	
4. 4	Thrus (CC		_		· (1)	(4)	1-1-1-64 Byth 146	
<u> 197</u>	Waster Fac - 110	7	- 1		. IL	$\mathcal{M}H$. 114141	
g.	2 000		zuth.	of for	7人	١ لا ت	(-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		_			2.00	\forall $ $ $ $	M : M	
					W	460	411111	
					' \	1 / "	W W	
					يوا	λ ?(117	
					(1)	(I)	(P)	
					\ V	y/	///	
					JX	(.) }}{(
110					W	ψž	· CD	
ULUBA	eeeee por			¥	h			^
15toTionconus	e com			. 1	. —	FANSEARE		<i>\</i>

AA 1708

Patient Information Account #: 0026102075		IKEA	INENT ENCOUNT	TER NOTE	7	
Name: Kiline, Kimberty Injury #: 001 Dx: 8472 Sprains and strains of two payor Codes: A0028 Payor Codes: A0028 Payor Name: CCMSI Financial Class: WCOMP Appointment Detail Discipline: PT Tx Time out: _\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Patient Information					
Name: Kline, Klimberty Injury #: 001 Dx: 8472 Sprains and strains of two Payor Code: A0028 Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP Appointment Detail Discipline: PT TX Time In: 10 00 TX Time Out: 10 00 TX Time Out: 10 00 TX Time Out: 10 00 TX Time Date: 09 / 03 / 15 #Visits Prior To Today: 6 of 24 Total Treatment Time: 400 RXT Code Description Lunts RY Code Descr	Account #: 0026102075	0. 5				
Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP Appointment Detail Discipline: PT TX. Time In: LOCO TX Time Out: LOCO TX Time Out: LOCO TX Time Out: LOCO TX Time Out: LOCO Date: 09 / 03 /15 # Visits Prior To Today: 6 of 24 Total Treatment Time: Loco EX Codo Description Units RY Code Description Units RY Code Description A002 PT No Eval Good Universellar Review Good Universellar Review Good Universellar Review Good Universellar Review Good Universellar Review Good Custom Wife State POS REPER CODE Thorapute Authority 2 HOOS Custom Wife State POS Refer Eval Code Returnmentation Review Good Custom Wife State POS Refer Eval Code Returnmentation Review Good Custom Wife State POS Refer Serial United State AD04 OT Re Eval Code Returnmentation Review Good Custom Wife State POS Refer Serial United State AD04 Serial Codes: AP: S Good Good Therapute Evercise I Hoos Custom Wife Dynamic State AP: S Good Good Therapute Evercise I Hoos Custom Wife State AP: S Good Good Therapute Evercise I Hoos Custom Wife State AP: S Good Good Therapute Evercise I Hoos Custom Wife State AP: S Good Good Good Therapute Evercise I Hoos Custom Wife State AP: S Good Good Good Therapute Evercise I Hoos Custom Hife State AP: S Good Good Good Good Good Good Good Go	Name: Kline, Kimberty			OR	Co - Insurance:	
Appointment Detail Discipline: FT TX. Time Out: 1000 Total Time Based Time: 400 EXT Goods Dascription Local Preval A003 Preval A004 Preval A003 OT Eval B001 Manual Therapy C002 Recommend C002 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C003 Recommend C004 Recommend C005 Recommend C006 Custom Whito State C006 Recommend C007 Recommend C008 Recommend C009 Recommend				Dx: 8	472 Sprains and strain	B of funds
Discipline: PT Tx Time in: 1000 Tx Time out: 1000 Tx Time Based Time: 400 Date: 09 / 03 / 15 # Visite Prior To Today; 6 of 24 Total Time Based Time: 400 RT Codb Description Units RT Code Description Unital RT Codb Description AQ01 PT Evol Units RT Code Description Unital RT Codb Description AQ02 PT Ka Eval G031 Uttra pound Proof Traction Insection in Proof AQ03 OT Eval B091 Manual Therapy 2 1000 Custom Willo Static AQ04 OT Re Eval C091 Thoraputo Activities H006 Custom Willo Static AQ04 Estim Unitarity C002 Reuromusecular Rockd H005 Custom Willo Dynamic AQ04 Estim Unitarity G003 Theraputin Exercise H005 Custom Willo Dynamic AQ04 Estim Unitarity G003 Theraputin Exercise H005 Custom Willo Dynamic AQ05 Fig. 4 Advance Act Advance Act Act AQ06 Act Act Act Act Act ACC Act Act Act ACC Act Act Act ACC ACC Act ACC Act ACC Act ACC ACC Act ACC Act ACC ACC Act ACC Act ACC ACC Act ACC ACC Act ACC	IABILIO: CCW21			Financial Class: WGOM	<u> P</u>	
Tx Time Out: 100 Total Time Based Time: 600 Date: 09 103 115 # Visits Prior To Today; 6 of 24 Total Treatment Time: 600 RT Coodo Conscription Units RT Coode Description Units RT Code Description AQ05 PT Eval F040 Vascopneumatic Device C005 Caster Training AQ02 PT RA Eval G003 Ultreapund F008 Traction Idectantical AQ03 OT Eval G004 Ultreapund F008 Traction Idectantical AQ04 OT RE Eval C004 Tracaputio Activities H006 Custom WRO Static F040 HPACP C002 Returnmentular Ro-Ed H005 Custom WRO Static F040 Self Caterimone Management C003 Tricraputio Exercise H005 Custom WRO Dynamic F040 Self Caterimone Management C003 Tricraputio Exercise H016 Custom HFO Static F040 Self Caterimone Codes: AP: 5' Glos Self Caterimone Management Self Custom HFO Static F040 Self Caterimone Management Self Custom HFO Static F040 Self Caterimone Management Self Custom HFO Static F040 Self Caterimone Management Self Self Custom HFO Static F040 Self Caterimone Management Self Self Self F040 Self Caterimone Management Self Self Self F040 Self Caterimone Management Self Self Self Self F040 Self Caterimone Management Self Sel					- clc	UB
Date: 09 / 03 / 15 # Visite Prior To Today; 6 of 24 Total Treatment Time; Led RT Code Description Units RT Code Description Unito RT Code Description AQ05 PT Re Eval Fold Vascopnoumatic Review Code Treatment AQ02 PT Re Eval GOO3 Ultreadund Foog Traction Mechanical AQ03 OT Eval Boot Manual Therapy 2 HOD3 Custom WRFO Static Foog HPACP AQ04 OT Re Eval Code Therapy 12 HOD3 Custom WRFO Static Rectal HPACP COD9 Therapute Activities HOO6 Custom WRFO Static Rectal United Boot Everome Management GOO3 Therapute Activities HOO5 Custom WRFO Dynamic Rectal Everome Management GOO3 Therapute Everosis I HP18 Custom HFO Static Report Good Food Treatment Codes: AP: 9 Graffing Agrangement Good Treatment Good Treatment Codes: Ap: 9 Graffing Agrangement Good Treatment Good Treatme	\$	Tx.Time in:].s	2-6 <i>0</i>	• 8		
BET Code Description Write Prior To Today: 6 of 24 Total Treatment Time: 42 AQ03 PT Eval		Tx Time Out:	00	Total Tim	ne Based Time: L2.0	
ACOS PT Eval ACOS PT Ha Eval ACOS PT Ha Eval ACOS PT Ha Eval ACOS PT Ha Eval ACOS PT Ha Eval ACOS PT Ha Eval ACOS Universapend BOOS Universapend BOOS Manual Therapy 2 HOOS Custom WHFO Static COOS Represent COOS Represent COOS Represent Page COOS Represent Page COOS Represent Page COOS Therapeutia Exercise HOOS Custom WHFO Static COOS Represent Exercise HOOS Custom WHFO Static COOS Represent Exercise HOOS Custom WHFO Static COOS Represents Exercise HOOS Custom WHFO Static COOS Therapeutia Exercise HOOS Custom WHFO Static COOS Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static Coos Therapeutia Exercise HOOS Custom WHFO Static HOOS Custom W		# Visite Prior To	foday; 6 of 24		\	
ADOS PT RE Eval ADOS OTEVAL ADOS OTEVAL ADOS UNIVERSUAND BOOS UNIVERSUAND BOOS UNIVERSUAND BOOS UNIVERSUAND BOOS Traction Hechanical COURS Traction Hechanical COURS Traction Hechanical COURS Traction Hechanical COURS Traction HEORS Custom WHIFO Static COURS Traction HEORS Custom HEORS Traction APIN Correction HEORS Traction HEORS Traction HEORS Traction APIN Treatment Codes: APIN Treatment Co		Unites RT Co.	ie Description	IInte mo		- -
ADD3 OTEVAL BOOK OTTEVAL BOOK Traction Inection			Vagopnoumatic Devise	C006		Vni
AP: S' Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA) 8. Per treatment (og Tight Ly-s' hyporable of PA)			loungeonng		Traction Mechanic	10
COO2 RELIGIONE HOUS CUSTOM WHO STATIC COO2 RELIGIONE HOUS CUSTOM WHO STATIC COO3 THE PRODUCTION OF T			Manual Therapy		Custom WRFD Stat	20
Set Carethome Management Gods Therapeutic Exercise HDD5 Gustom Wilfo Dynamic Cods Set Carethome Management Gods Therapeutic Exercise HDD6 Gustom HFO Static Illonal Treatment Codes: AP: S' Class Augustures and produce of logic. Ancid pour in bods of logic. Area for the training of the possibile Piff. At forwary on who the code of logic.			Lindraputio Activities	H006	Cuatom WRO Statio	~
illonal Treatment Codes: AP: S' Glos Aughstrus and pench in the 20 - Met is not as some today. 8: Per treatment (og Tight Ly-5 - hypombale Pit At forwing on it stab with a	Teathir and the last		meuromuscular Ro-Ed	HD05	Custom Will Control	mle
illonal Treatment Codes: P: 5' Clos Aughstness and produce the 2B - Mich pour in bods of lags. Nect is not as some Today. B: Per treatment (og Tight Legs hypomobile Pit. It forwing on if the wife of	101 Self Carolilome Management	1900	THE PREMIUM Excress	HP18	Custom HFO State	attio
0. 0. 1	Tight Ly-se	·		4.		
	0. 1. 1	44 2 40		b exe		-
/ , A			D			

AA 1709

69 1503

1-1-19

No. 1995 P. 11/10

09-10-16 1237pm

TREATMENT ENCOUNTER NOTE

	Palie	nt Information			7777				
,	Accou	nl #: _0028102075		Co - Pa	у:			F	
V	lame;	Kline, Kimberly		ใกในญ#:	_	OR Dx:	0440	- insurance: Sprains and strains of it	
P	ayor C	Code: A0028 Payor N	ame: _	_		>		ancial Class: WCOMP	
Ap	poin	lment Detail					- 1416		
bl	sciplin	e;_ <u>PT</u>	F °F'		0.4.5	-		els	45
					145		•		
			X Time	Oul:(1 -13	To	olal Time Ba	ased Time: (2)	
•		9 / 10 / 15 #	Viçite i	rior To T	oday: 7 of 24	To	lai Trealme	nt Time: CLO	
RIC		Dakcapilok	unte	RT Cot	to Description		RT Code		
A002		PT Eval		FORò	Vanapneumalic Device	armes	COOE		<u>lialis</u>
		PT Re Eval		GOOK	Ultrasound	_		Galt Training	
A003		OT Eval		8001	Manual Therapy	2	FOOT	Traction Machenical	
AD04		OT Re Eyal		G003	Theraputic Activities	-	H003	Custom WHFO Static	╀~
F003		P/CP		C002	Rouromuscular Re-Ed		HOOE	Custom WHO Statte	╀~
FOO4	<u> E</u>	ellm Unortones		C003	Increpculic Exercine		H005	Cuntom WHFO Dynamic	<u></u>
D001	5.	elf Carcillamo Management			12-10-00-011C EXSTEINS		HD18	Custom HFO Statio	<u></u>
ddilion	el Tro	ealment Codes:							L
OAP:	<u>کلہ</u>	Voc lower buck	_	25.	The summer		000	and stiff	•
		in The 20%,						scarred 21sthan	
•		Z hod \$ 21	<u> </u>	-/	1				
-			(13)	5kg	l pain to	2-	day	e 10 last	
		Sassian (from	77	Le si	en exi			1477	
-	0	~	, _ _						
<u>0</u>	· /20	er tocatment.	42				~		
		Taykmess in a	7	<i>7.0.0</i>	/	, \			
			15	CECARTO	ornite (OL7)	<u> </u>			
-4		du d							
<u></u>	<u> </u>	Silting agy p	<u>//</u>	_LB	- pain and	7	2- 4 XL	-8 c	
		Augrandh. ("	4/-	4	2 481		7		
Ö	· /	S. C. C.	-/	7/4-5	<u> </u>				
	~ ~ ~	of Kove i pros	r.an	<u> </u>					
				-					
					,				
						_			
						_	(_{"Y} ")	(^)	
								ي, زير	
		•				- (()	(39.127)	
						_ 1:	$\mathcal{M}\Pi$	117171	
						73	18-3	(-p-1-q-)	
		.50			· 	-]/	~VI	1/1 " NI	
						40	_{}/_\(\alpha\)		
<u></u>						~ 1	1/2	W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
						.)	/مروا	117	
						- {	197)	{ 9 }	
				_		1	.W/	/\/	
		WE .			···		X (12	מייים ואומניים ייים	
1.						lu	العالا		
	1			-	2-1-1				
1/U	<u> 47,7</u>	eggen a a a som	7		* 1 — —	1	MASSCALE	OCT 12 2015	
ieruptat / Cf	REOEATU	llo ACT	٠.					ባር፤ ነዄ ረቢነጋ	
Pilos for		0773					cm	N	
eiseko		رنان					CCN	1SI - RENC)
							42-9	0034 1 3 PO! HI	j

09-14-15 01:28pm

TREATMENT ENCOUNTER NOTE

ADD2 PT Ro Eval Good Utters and CODS Gait Training		ou						
Name: Kiline, Kilmberly Injury it; 001 Payor Cade: A0028 Payor Name: COMSI Tx Time In: 150 Tx Time Oul: 12:20 Total Time Based Time: 50 Date: 09 / 14 / 15 Kr Code Description A002 PT Refeat A002 PT Refeat Good Units RT Code Description A002 PT Refeat Good Units RT Code Description A002 PT Refeat Good Units RT Code Description A003 OT Eval A004 PT Refeat Good Units RT Code Description Bod Manual Theorem Good Units Sould Good Tree Eval Good Units Sould Bod Manual Theorem Good Tree Eval Good Tree Eva	Account#: 0028102	075	Co-P	ay:	Ó	R Co	- Insurance:	
Payor Cade: _A0028	Name: Kline, Klmber	ly				0.470		mba
Appointment Detail Tx Time out: 130 Tx Time out: 1220 Total Time Based Time: 50 Date: 08 1 14 115 Wielts Prior To Taday: 8 of 24 Total Treatment Time: 56 KT Code Description Units RT Code Description AD01 PT Eval Units Based Time: 56 KT Code Description Units RT Code Report Units Round Tropic Tradition Rechanics Report Report Rechange Rechange Research Rechange Rechange Research Report Report Report Rechange Research Research Rechange Research Research Rechange Research Research Rechange Research R	Payor Code: A0028	Payorh					· · · · · · · · · · · · · · · · · · ·	
Tx Time Out: 12:20 Total Time Based Time: 50 Tx Time Out: 12:20 Total Time Based Time: 50 Trime Out: 12:20 Total Time Based Time: 50 Time Based Time: 50 Total Time Based Time: 50 Time Based Time: 50 Time Code Time Total Time Based Time: 50 Time Based Time: 50 Total Time Based Time: 50 Time Code Time Time Based Time: 50 Time Code Time Time Time: 50 Trime Based Time: 50 Time Code Time Time Based Time: 50 Total Time Based Time: 50 Total Time Based Time: 50 Time Code Time Time Based Time: 50 Total Time Based Time:	Appointment Detail							11
Dale: 09 / 14 / 15 # Vieits Prior To Taday: B of 24 Tolai Treatment Time: 58 KT Code Devertipilor Units RT Code Description Units RT Code Code Therefore Units RT Code Code Therefore Was Units RT Code Description Was Units RT Code Description Was Units RT Code Description Was RT Code Code Code Therefore Units RT Code Code Code Code Code Code Code Code	Discipline: PT		To Time to	132/		46	LP.	
Dale: 08 / 14 / 15 # Vielts Prior To Today: B of 24 Total Treatment Time: KT Code Description White RT Code Review Code Review Revi			•				•	
RT Code Description A001 PT Eval A002 PT Ra Evat A003 OT Eval A003 OT Eval B004 Ultravound C005 Gait Training Gaid Manual Theory A004 OT Re Eval A004 OT Re Eval A005 OT Eval B006 Manual Theory C005 Gait Training Gaid Manual Theory A006 OT Re Eval B007 Manual Theory C006 Gait Training F008 Traction Mechanical B009 Manual Theory A008 Custom White Static C009 Theraputic Activities H008 Custom White Static C009 Theraputic Activities H008 Custom White Static C009 Theraputic Evercise H018 Custom White Static C009 Theraputic Evercise H018 Custom White Static C109 Theraputic Evercise AD C109 Theraputic Evercise Theraputic Evercise AD Tall Treatment Codes: AD Tal	noon do 144 ter				T	olal Time 8:	sed Time: 50	
A001 PT Eval F010 Vascoprenment perice C005 Gait Training MADO2 PT Ro Eval G001 Vascoprenment perice C005 Gait Training L003 OT Eval G001 Vascoprenment perice C005 Gait Training Process Training Process Training L004 OT Ro Eval B001 Manual Trotopy 2 18003 Custom Whito static C004 OT Ro Eval B001 Manual Trotopy 2 18003 Custom Whito Static C004 D1 House Custom Whito Static C004 Extim Unattend C005 Therapeatic Exercise H018 Custom Whito Dynamic C004 Extim Unattend C0003 Therapeatic Exercise H018 Custom Who Dynamic C004 Extim Unattend C005 Therapeatic Exercise H018 Custom Who Static C005 Interapeatic Exercise H018 Custom Who Static C005 Interapeatic Exercise H018 Custom Who Dynamic C005 Ext Carethome Management Transport Exercise H018 Custom Who Dynamic C005 Ext Carethome Management Transport Exercise H018 Custom Who Dynamic C005 Ext Carethome Management C0093 Therapeatic Exercise H018 Custom Who Dynamic C005 Ext Carethome Management C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Ext Carethome Management C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Ext Carethome Management C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Ext Carethome Management C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therapeatic Exercise H018 Custom Who Dynamic C005 Therape		#	Visits Prior To	Today: 8 or 24	To	olal Treatme	nt Time: 5%	
ADD2 PT Re EVAL GOOD Ultrasound FOOD Traction Mechanical Mode or received Bood Ultrasound FOOD Traction Mechanical Mode or received Bood University 2 Rood Custom Wiffo Static Wiffer Cood Therapulic Activities Hoos Custom Wiffo Static Wiffer Cood Estim Unottend Cood Therapulic Exercise Hoos Custom Wiffo Dynamic Cood Estim Unottend Cood Therapulic Exercise Hoos Custom Wiffo Dynamic Cood Estim Unottend Coods Therapulic Exercise Hoos Custom Wiffo Dynamic Cood Estim Unottend Coods: APIS! A STATE PROFES IN THE THE THE THE THE THE THE STATE OF THE STA			Unita RT Co	do Description	Unite		Dozethiou	luc
ADOS OTEVAL BOOL Manust Theropy 2 HOOS Custom WHFO State ADOS OT REEVAL ADOS THE EVAL ADOS TH				Venoprieumetic Device	4		Gait Training	
APER Westment Log APER Westment Log APER Westment Log APER And Log Shid UT Theraperite Astronomy Construction With State APER A Treatment Log A Treatment	A003 OTEVAL			Mountain	 			Γ
APIN Westment Construction of the state of t					<u> </u>		Cuatom WRFO Static	┸
Estim Unottend Coos Therapaulic Exercise Hote Custom WHFO Bynamic Moss Est Caremone Management Coos Therapaulic Exercise Hote Custom WHFO Static Itional Treatment Codes: Itional Treatment Codes: St. (Hyle Suffer I my Life Truck of work Still willed (a) Shid / UT Treatment Compare in the truck of work Still willed (a) Shid / UT Treatment Codes Treatment Low Codes A) Defit (R) UT					 			1_
Allenat Treatment Codes: APIS! It (it'll & Fifter I my LB tight the strange. Able Still will (a) Shid / UT tightness A Regist (R) UT - Represent of votition. Phales.	204 Estim Unottono	1		Tremponte Fue	┝╌╬╌╣		<u> Castom WRFO Bynamic</u>	┺
APIE! It little Tetter i any UB tratamer / Saranese. Able Still will (a) shid / ut tratament Chew Weatment long At Deplet (R) ut a Emproving of votition, The abla to be near ext wis point	XX Ees Care/Home	: Management	10000	indianantic excluse	—4-4	H018	Cuotom HFO Static	↓_
	A) Deglit Ph Today S: Maritor	abla to	Lo.	Propring	wlo			
				•		(P)		
RECEIVED							RECEIVED	
MSeppleager DENO OTT 3	Msecol	reactor				PANICALE	RECEIVED OCT 12 2015	

AA 1711

5ປ5 71

No. 1995 P. 7/10 10217

09-21-15 12;00pm

TREATMENT ENCOUNTER NOTE

Patient Information							
Account #: _0026102075		Co - Pa	у:	10	₹ Co	- Insuranca:	
Name: Kline, Kimberly	Name: Kline, Kimberly Injury 8: 001				8472	Sprains and strains of	وطسنا
Payor Code; A0028 Pay	or Name:	COMSI				inclut Class: WCQMP	
Appointment Dalali					·	<u> </u>	
Disciplina: PT	76. Th		0:00.				7 00

	Tx Tim	re Out:\f	1,19	Te	otal Time Ba	ased Time:	
Date: 08 / 21 /15	# Visits	Frior To T	oday: 9 of 24	То	iai Traqime	nt Time: 75	
RT Code Deneription A001 PT Eval		HT COL	te Description	lunus	सा Code	Description	Vatu
A002 PT Re Eval		FOIO	Varaphoumatic Davice	0	C005	GaltTroining	- I VIIII
A003 OTEVAL		B001	bnuoassKU	-	F008	Trection Mochanical	
A004 OT Re Eval		C001	Manual Therapy Theraputle Activities	12	H003	Costom WHFO Static	
F003 HP/CP	17	C002	Houromuacular Ro-Ed	 	K008	Cualom WKO State	-
FOO4 Ectin Unattend		C003	Therapputic Exercise	7 7	H006 H010	Custom WHFO Dynami Custom HFO Static	-
oon sett Corefform Management dilional Treatment Codes:				┝╩┤	1619	reastous use signe	
Tought self of	c./s :	40)	unt relience		oli Lt : Clr	5xt 450 -6 75 det roxution	iam®
step	on de	ar ri	The tran to a	<u>)</u> .	mugal	dustry hed	
P. Monitar respons							i/hitti zene
· · · · · · · · · · · · · · · · · · ·					_	87.	CEIVEL
						(S) 0(T 12 2015 SI - REM
					\W/	///	

09-23-15 12:01pm

TREATMENT ENCOUNTER NOTE

lame: Kilne, Kimberly Injury #: 001 Dx: 8472 Sprains and strein of lumba ayor Code: A0028 Payor Name: CCMSI Popolitiment Detail Tx Time In: COd Tx Time Out: 11:05 Total Time Based Time: Code Tx Time Out: 11:05 Total Time Based Time: Code Tx Time Out: 11:05 Total Time Based Time: Code Description Units RY Code Description PT Eval F010 Usesphouratile Device Code Get Training PT Re Eval Good Unitranound F000 Treellon Mechanical OT Ro Eval Good Unitranound F000 Treellon Mechanical OT Ro Eval Good Manual Therapy 7 H003 Custom WHTO State HPICP CODE Houronuncular Ro-Ed H005 Custom WHTO State HPICP CODE Houronuncular Ro-Ed H005 Custom WHTO State Estim Unationd Codes: Sur Cavefirome Management Codes Therapeutic Extension Service Manual Therapeutic Exercise 3 H006 Custom WHTO Scatic DIT Cavefirome Management Codes: Sur Cavefirome	Name: Kilne, Kimberly Injury #: 001 Dx: 8472 Sprains and sireline of lumba Payor Code: A0028 Payor Name: GCMSI Pinancial Class: WCOMP Pinancial Class: WCOMP Pinancial Class: WCOMP Pinancial Class: WCOMP Tx Time Out: 1005 Tx Time Out: 1005 Tx Time Out: 1005 Tx Time Out: 1005 Total Time Based Time: 05 Pinancial Class: WCOMP Tx Time Out: 1005 Tx Time Out: 1005 Total Time Based Time: 05 Pinancial Class: WCOMP Tx Time Out: 1005 Tx Time Out: 1005 Tx Time Out: 1005 Tx Time Out: 1005 Total Time Based Time: 05 Total Time Based Time: 05 Tx Time Out: 1005 Tx Time	James Kina, Kimberdy Injury #: 001 Dxt 8472 Springs and stafets of lumbs ager Code: A0028 Peyor Marie: CCMSI Phanctel Class: WCOMP pointment Defail Charter Code Insert Class: WCOMP TX Time In; (0 Cd TX Time In;	Palient Information					-	· · · · · · · · · · · · · · · · · · ·	
Agency Code: Miles M	Name: Kilne, Kilmberty Injury #: 001 Dx: 8472 Sprains and studing of lumbs Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP population Detail TX Time In: (0 od TX Time Out: 1 05 TV Time Out: 1 05 TV Time Based Time: US PT Eval Forto Vasaphoumatic Device Code Gest Training PT Eval Forto United Report Properties With State OT Ro Eval Good University Properties Woos Custom With State OT Ro Eval Code Hour Through Properties Woos Custom With State Easting Unation Codes: Sul Carefidding Management Codes Sair Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes: Sul Carefidding Management Codes Traggery Management Codes: Sul Carefidding Management Codes Traggery Manageme	Agency Manner Ma	Account #: 0028102075		Co - Pa	у:	01	S (Cv	- Insurance	
pointment Detail TX Time In: (0 ord TX Time In: (0 ord TX Time Out: 11 0 of 24 Total Trealment Time: Ust Detail PT Ro Eval Good Manual Therapy Thous Static OT Eval Good Hoursmuscular Ro Ed HOOS Custom Wiff D Bynamic Estim Unettend Coos Theraputic Activities 11018 Custom HFO Static HELD COOS Theraputic Exercise 11018 Custom HFO Static In Trealment Codes: St Tal. rack: S SM Aght but getting buffer - Paper Plan Time Based Time: Ust Total	Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP Depointment Detail TX Time In: (0 or or or or or or or or or or or or or	Payor Name: CCMSI Financial Class: WCOMP pointment Delati schline: PT TX Timp In; (0 0 d TX Timp Cut: 11 05 Tolat Time Based Time: US te: U9 123 115 # Visit Pier To Today: 10 ol 24 Tolat Treatment Time: US ode Description Unite RT code Unite RT code Unite Unite RT code Unite Unite RT code Unite	Name: Kline, Klimberly	······································				0.470		of lumba
TX Time In:	Scipline: PT Tx Time In:	According to the property of t	Payor Code: A0028	Payor Name: _	CCMSI		-	-		<u></u>
TX Time Out: 1005 Total Time Based Time: 45 le: 09 / 23 / 15 # Visits Prior To Today: 10 of 24 Total Treatment Time: 45 ode Baseription Units RT code Description PT Eval F010 Vasapnoumatic Device Code Gait Training PT Ro Eval G003 Ulfranound F008 Treatment White State OT Eval B004 Manual Therapy 7 Hood Custom Wiffo State HPICP G002 Representation Hoof Custom Wiffo State HPICP G003 Therapulc Activities Hoof Custom Wiffo State Estim Unattend C003 Therapulc Activities Hoof Custom Wiffo Dynamic Sair Caveltome Management C003 Therapeutic Exercise 3 Hoof Custom Wiffo State and Treatment Codes: \$1 Instruct State Ins	TX Time In:	TX Time Out: 1:05 TX Time Out: 1:05 TX Time Out: 1:05 Total Time Based Time: US Ode Description	ppointment Detail	,						460 · V
Tx Time Out: 105 Total Time Based Time: 45 Oct Daggriphon Units RY Code Doseriphon Units RY Code Description Units RY Code Doseriphon Robert RY Code RY Cod	TX Time Out: 105 Total Time Based Time: 45 Tot	Tex Time Out: 105 Section Secti	scipline: PT	Tx Time	e ta: Co	000				7-404
Color Colo	Code Description	Treatment Codes: St. Treatment Codes: An Inger Plant Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William William St. Code Information William Willia				277172.5		•	1 1	
Description PT Eval PT Ro Eval OT Eval OT Ro Eval	Description PT Eval PT Re Eval PT Re Eval OT Eval OT Re Eval	Unite RT code Description PT Evel	ile; <u>09 / 23 /15</u>						٠	-
PT Ro Evol OT Evol OT Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol OT Ro Evol Estim Unattend Co03 Therapeutic Exorelse Solv Carefformo Management OS Therapeutic Exorelse Solv Carefformo Management In I fold I fo	PT Ro Eval G001 Uttranound F008 Traction Mechanical OT Eval G001 Uttranound F008 Traction Mechanical OT Ro Eval G001 Manual Thorapy T H003 Custom WHTO Static HPICP C002 Houromuscular Ro-Ed H006 Custom WHTO Static Estim Unattend C003 Therapeutic Exorpise 3 11018 Custom HFO Static That reak is SBU Aght but getting betfor - Paper (T) up [] ev sea Cap. At Tractionary for the propring of the propr	PT RO EVAL GOOD Withouser Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Mechanical Food Treeting Food Treeting Mechanical Food Food Food Food Food Food Food Foo		Unite	RT COS	te Description				
OT Eval 5001 Ultranound F008 Traction Mechanical OT RO Eval 5001 Manual Thorapy 7 H003 Custom White Static HDCP C002 Houromuscular Ro-Ed H006 Custom WHO Static Estim Unattend 5003 Therapeutic Exorder 3 H018 Custom HFO Static Isal Treatment Codes: St. The rich is sheadly improving I for Treatment tog The rich for the static for	OT Eval 5001 Ultranound F008 Traction Mechanical 5001 Manual Thorapy T H003 Custom With Static 1901 HDICP C007 Theraputic Activition H006 Custom With Static 1902 Houronnuccular Ro-Ed 1905 Custom With Dynamic 1903 Therapeutic Exercise 3 H018 Custom HFO Static 1904 (Included Sour Careflome Management 1903 Therapeutic Exercise 3 H018 Custom HFO Static 1904 (Included Sour Careflome Management 1904 (Included Source S	OTESAI BOOL MARNAUTHERADY PRODUCTION MECHANICAL MARNAUTHERADY PRODUCTION MINOS CAREFULLY MARNAUTHERADY PRODUCTION MINOS MARNAUTHERADY PRODUCTION MINOS MARNAUTHERADY PRODUCTION MINOS MARNAUTHERADY PRODUCTION MINOS MARNAUTHERADY PRODUCTION MINOS MARNAUTHERADY PRODUCTION MARNAUTHERADY PRODUCTI			F01D	Vasopooumatic Device	unita		Description	Units
OTRO Eval BOO! Maqual Thorapy & HOO3 Custom WHFO Static HPICE COO2 Thorapute Activition HOO6 Custom WHFO Static Estim Unstiend COO3 Thorapute Exorder HOO5 Custom WHFO Dynamic Soir Careflome Management COO3 Thorapeute Exorder 3 11018 Custom HFO Static BIT Treatment Codes: St. [An ack is Shill Aght but getting butger - Pahr (1) ut (1 ev 5 (9 p. 1) If the treatment Cog Ar Treatment Cog Therapeute Exorder Management Cog Therapeute Exorder Multiple Custom HFO Static Therapeute Exorder Multiple Custom HFO Static St. [An ack is Shill Aght but getting butger - Pahr (2) ut (1 ev 5 (9 p. Therapeute Forman to Cog Therapeute Exorder Multiple Custom WHFO Static Continued Thorapeute Exorder Therapeute Exorder Multiple Custom WHFO Static Continued Thorapeute Exorder Therapeute Exorder Thera	OT RO Eval OT RO Eval OT RO Eval HDICP CO02 Houromuccular Ro-Ed Estim Unattend Co03 Theraputic Exorder Solf Carefrome Management Theraputic Exorder Solf Carefrome Management Theraputic Exorder	DOT RE EVAI DOT RE EVAI DOT RE EVAI ESTIMATION CONSTITUTION AND THE THROUGH CONSTITUTION WHITE STATE BEATER WEST SET CAPERTON MARCHING STATE SET CAPERTON M			G001	Uffragound	1		Tetaline Tract	
HAPICP Estim Unattend Son Caverrome Management Sold Therapeutic Exercise Sold Caverrome Management Sold Caverrome Miles Counter Miles Caverrome Sold Caverrome Miles Cav	HPICP Estim Unattend Son Caverrome Management Sold Therapeutic Exercise Sold Caverrome Management	HIPCP CO02 Houseman HOOSE Custom WHO States Estitu Unstrand CO02 Housemansher Ro-Ed HOOS Custom WHO States Estitu Unstrand CO03 Thempeutle Boordse 3 Hoose Custom WHO States Estitu Unstrand Codes: St. Character of John Aght but getting better Taplar Dur (lex scap: The First Paint of Cog The			B00{	Manual Thorapy	12		Custom Water of	
Estim Unattend C002 Houromuccular Ro-Ed H005 Guatom WHFO Dynamic Son Carefromo Management C003 Therapeutic Exercise 3 H018 Custom HFO Static al Treatment Codes: Lahr C un lea scap. May Uh is steadaly improving her treatment (on To gar point in (R) with the first of the fi	Estima Unsatend C002 Houromuccular Ro-Ed 1005 Custom Wilfo Dynamic Sour Careflome Management C003 Therapeutic Exercise 3 11018 Custom HFO Static State Careflome Management C003 Therapeutic Exercise 3 11018 Custom HFO Static State Careflome Management C003 Therapeutic Exercise 3 11018 Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management Custom HFO Static State Careflome Management	Estim Unextend COOD Therapeuto Exercise 1000 Castom WIFD Dynamic Sout Caveriform Management COOD Therapeuto Exercise 3 11016 Cartom HEO Scorte Self Caveriform Management COOD Therapeuto Exercise 3 11016 Cartom HEO Scorte But Caveriform Management COOD Therapeuto Exercise 3 11016 Cartom HEO Scorte Self Caveriform Management COOD Therapeuto Exercise Therapeuto Exercise Therapeuto Exercise Therapeuto Exercise Self Caveriform Management COOD Therapeuto Exercise Therapeuto Exercise Therapeuto Exercise Self Caveriform Management COOD Therapeuto Exercise Thera			C007	Theraputic Activition	 			
Soir Carefromo Management Soir Carefromo Management Sel Treatment Codes: Sel The neck is still light but getting better - Paper (1) ut (1 ev s cap. They Up is steadely improving A the treatment log A Tre	Sair Carefrome Management Sair Carefrome Manage	Sett Carefrome Management Set (Treatment Codes: Set (The reck is 1811 light but getting better - Pepter (D) ut live scape 3 lest treatment (or Treatment (or Treatment (or Treatment (or The five) Refer point in (Re) ut - (conite Ar retetror Re			C002	Houromuncular Ro. Ed	 			
St The neck is still light but getting better - Pahr (C) ut live scap. Illy Up is steadely improving A tratment log A Tragger point in (R) ut - (conits Br out to	is Trager point in (2) ut - (contr or not)	The rock is still light but getting better - Peter Codes: St. The rock is still light but getting better - Peter Codes: The rock is still light but getting better - Peter Codes: The rock is still light but getting better - Peter Reserving The rock is still light but getting better - The rock is still light but getting better - The rock is still light but getting better - The rock is still light	Estini Unattend		C003	Therapeutic Francise	7		COLLAR WILL DONALD	IIC
Part Court but getting better - Part Court les scape. Play Up is steadely improving. Per treatment long. Tongger point in (R) wit - (conite or more).	Part Court but getting better - Part Court les scape. Play Up is steadely improving. Per treatment long. Tongger point in (R) wit - (conite or more).	The neck of 15th Aght but getting better - Pohrt D ut 1 see scap. Play Ut is steadely improving To Tragger point in (20) ust - (conite Rr rotetion Places of the standard of the see see see see see see see see see s		nent				11010	CHRISTOM HEQ 2006	
		MBossescher 12 2015								-
110		CDEDENTAL A	UN BORRERE ELECT	Change .		~ -		PARTIENT		12 2015 -
110	UNISORE RESERVE SOME THE TENTER TO THE TENTE	CCMSI-REND	CORECENTIALS .	,						••
MBoesesitecy 1 1 GET 12 2015	CEEDENTILE		0773						("CMCI	ASIA MELL
MBoesesite 1 1 1 2015	CDEDENTAL A								6 15 13 1 D	' ~ KENI(A)
MBoseseckery 12 2015	CEOPEWING /									· 10-10 (1.7 M



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 09/23/2015 8:45AM

Sex: F

Chart: KLK1000001

Chief Complaint: NECK CLAIM

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 35 female who presents for : NECK CLAIM .

Patient reports improving neck discomfort, rated 3/10, central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	ВМІ	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	100/70	86 bpm	14 rpm	98.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, minimal muscular tenderness to palpation, full motion, normal strength

and sensation in both arms

Assessment:

Туре	Ċode	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK

[Page 1]

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

AA 1714

508



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 09/23/2015 8:45AM

Sex: F

Chart: KLK1000001

___Plan:_

Referral: Physical therapy, Evaluate and Treat - 6 visits

Work status: Full duty Return visit: 2,week(s)

Treatment plan: Conservative treatment

Туре .	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 09/23/2015 08:45AM

BODY PART: NECK CLAIM EMPLOYER: CITY OF RENO

Date of injury:06/03/2015

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO CONDITION RATABLE: NO

RETURN VISIT: 2 weeks SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

Referral from:

SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501

Ph# (775) 398-3630, Fax# (775) 322-2663

Patient name: KIMBERLY KLINE Home phone #: 775-815-5790



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 09/23/2015 8:45AM

Sex:F

Chart: KLK1000001

Cell_Phone #: 7758155790

Insurer:

Insurance #:

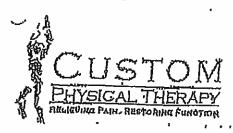
Date of injury if applicable: 06/03/2015

Claim # if applicable:

Referral for: Physical therapy, evaluate and treat - 6 visits

Neck and back strain

Referral from: Dr. Scott Hall, MD



<u>UPDATED PLAN OF CARE</u> For outpatient rehabilitation

PATIENT: Kimberly Kiline

DOB! 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bruesewilz, P.T.

DIAGNOSES: 1. Lumbosacral strain/sprain with pain and decreased ROM.

Cervical strain/sprain with pain.

DATE OF ONSET: 06/03/16

START OF CARE DATE: 08/05/16 TOTAL VISITS: 12

DATE OF REEVALUATION: 09/29/15 RECOMMENDED ADDITIONAL VISITS: 10

Evaluation of Progress: Patient reports of good improvement in her low back pain. Low back pain has decreased to an intermittent basis with APS scale 0-1/10. She reports of decreasing pain in the low back along with improving lumbar mobility. She still gets a mild calch in the low back when coming up from a forward flexed position. She still has mild difficulty and mild low back pain when trying to stand and get her pants on. Patient states that her neck pain was improving until her flare-up approximately 1-1/2 weeks ago. Patient is not sure of what happened; but she began to have increased pain, tightness and epasms in the right neck and upper trapezius area. She had significant tightness with decreased light rotation of the neck for about a work and then symptoms have slowly improved. She continues to report of tightness and pain in the posterior shoulder, upper trapezius region and right neck that limit her neck mobility. She has difficulty lying on her sides because of nack pain and thus has disturbed sleep, Patient has difficulty turning her head to the right to took around white driving or look behind her when backing her our up at work. Neck pain averages right to look around while driving or look behind her when backing her car up at work. Neck pain averages 6/10 now (pain was 7-8/10 during the flare-up),

Patient Problems/Starus:

- 1. Pallent demonstrates a normal galt pattern. She is more aware of utilizing proper posture during work and dally activities.
- 2. Improving lumbar AROM: Flexion was fingers to the floor with a mild catch in the low back on the way back up, extension 45° and side bending was fingers-to-knee joint line.
- 3. Limited cervical AROM: Flexion-65° with mild pinch on the right, extension 60°, right rotation 50° with plnohing pain in the right neok and upper trapezius area, left rotation 75°, right side bending 45° and left side bending with lightness in the right upper trapezius.
- 4. Palpation: There was lenderness and lightness noted in the right suboccipitals, C6-C7 paraspinals, right scalenes, right upper trapezius, and right levator scapula. Fatient had no tendemess around the low back today.
- Right shoulder AROM was within normal limits. Right upper extremity strength was 6/6. Right shoulder impingement bat was negative.
- Back Index score was \$2% (score was 52% at Initial evaluation).

Neck Index score remained at 28%.

OCT-0 1 2015

CCMSI - RENG

RECEIVED

By SHMCO at 3:32 pm, Oct 01, 2018

- SPARKS LOCATION 1450 E. Preler Way, Suite 109 8parks, NV 89434 T: 776,351.1199 P: 775,351.1160
- NORTHWEST RENO . 1610 Robb Drive, suite D5 Reno, NV 89523 T: 775.746,8222 F: 775.746.9224
- SOUTH RENO 734 South Meadows Pkwy., Sulle 101 Reno, NV 89521 T: 775.853.9966 F: 775.853.9969

AA 1717

K 1511

SEP. 30. 2015 4:41PM

SPECIALTY HEALTH CL

NO. 1996 P. 3/3

Page 2 Kimberly Kilne 09/29/15

Were previous goals met? Pallent has made good progress in her lumbar pain and symptoms, but made minimal progress in her neck symptoms because of flare-up of symptoms about 1-1/2 weeks ago. Patient is still limited with cervicel relation to the right during ADLs and work activities.

Updated plan of treatment: Modalilles as needed for pain control, neck AROM and stretching exercises, manual therapy techniques to decrease pain and improve mobility of the neck and low back; progressive therapeutic exercise and therapeutic activity to increase neck and low back elrength, neuromuscular reeducation for spinal stabilization exercises, and home exercise progression.

- Long-term goals: (4-6 weeks)

 1. Decrease Back Index score to < 25% by discharge.

 2. Decrease Neck Index score to < 15% by discharge.
- Patient will be able to look to the right when driving without neck pain.
- Palient will be able to sleep for 4-6 hours without increase neck pain, Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: Mbecco	errayap7		Date; 9/29/15
Referring Physician's signature:	ELENI	9/30/15	Date:
T- redmt com/G\//M\/			

RECEIVED OCT 01 2015 CCMSI - RENO

SOUTH RENO : 734 South Mandows Plany., Suite 101 - Reno, NV 89521 : T: 775,853,9866 : F: 775,853,9869

AA 1718

1512

G SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1199 • F: 775.331.1180

NORTHWEST RENO - 1610 Robb Drive, Sulle D6 - Reno, NV 89528 - T; 775.748.9222 - F; 775.746.9224

A0221 09-29-15 01:40pm

TREATMENT ENCOUNTER NOTE

Patient Information							
Account #: _ 0028102075		^					
Name: Kilne, Kimberly				OF	_	- Insurance:	
Payor Goda: A0028 Payor 6		njury#.	001	Dx	8472	Sprains and strains of fu	impa .
Appointment Detail	Vame: <u>C</u>	CMSI			_ Flat	ancial Class; WCOMP	
A Part of the Detail .						Nede	Back
Discipline: PT	Tx Time li	n:2:3	35				
	Tx Time O	w: <u>3</u>	40	Ti	olai Time Ba	ased Time: (45	
Date: 09 / 29 / 15	Visite Pri	or To Ta	day: 11 of 24		lai Trealme	.7	
RT Code Dobctipilon A001 PT Eval	units	RT Gode	Description		RT Code		
AGG2 PT Ro Syal		010	Vasopheumotic Device	Dillis	E005	Description	Vaito
AGON OTEVAL	7	3001	Ultranound	-	F00B	Galt Training Traction Mechanical	
A004 OT RE EVAL	7	1001	Monual Therapy	2	нооз	Cuntom WRFO Stalls	
F003 HP/CP		001	Thenapulio Activitics		10008	Custom WAO State	
F604 Eatim linattend	,	002	Heuromuscular Re-Ed		HDOZ	Cuntom WHFO bynamic	
D001 Self Carelliome Management	CI	CO0	Therapeutle Exercise	3	H018	Custom HFO Static	
Additional Treatment Codes:							_
~~4			···				
SOAP: 51 My rect is he	18me	ď	Lot. 572	11	·m)		,
that made soi	10	-62 -44		0/	- 2 Mary	a pain and	
	175	<u> </u>	the and	<u>*-37</u>	(OZ)	snid.	
	40	-Item	neck 6	esty	سع	by 1-57311	
hurts.		9	- 5/10				
Gets & pine	1 .						
- 77-1-12	£ 1	<u>~</u>	uperior shall	4	· ~ ~ ~	n = hemitale	
	(cram		unvest &	انوء	ter. by		
· LB - seam	シーが	- -	by atx	7	12/1		
By form, b	4,7				4472.		
	**	. /	an marc		المجاوب مرو <u> </u>	-ar bod	
API	0-	1/10	•				
		•					
O. Por treatment log	,						
						DEVENT MAN	
	upe	سې ا				RECEIVE)
- Buck Rodexx	_ 32	1/3	Ala	L	24		
		-LCc	-040	<u> </u>	ENOLBY	1 02 05 2015	
A X was a series of the	-					OCT DO SUN	
Mismoning UB	ala_	<u> </u>	mor better		~	78.8577	
- (10) Neck countrie	٠ ديد	to 1	4	- :	~~\~\	CMSIG REN	IO –
and limits	/Se	<u> </u>	37 pa. fu	-	(E)	(1)	. •
			cls statht	_ /	1	AGI PA	
ortation din	<u>d</u> L	44.0t	3_0+1	- 1	はなれ	(10)(2)	
Steeping		•	, , , , , , , , , , , , , , , , , , , ,	- 71	6-71	/-h. -4-\	
the state of the s	K B	wk		- //	$\mathcal{N}_{\mathcal{N}}$	11. " N	
	-	W.	<i></i>	-49	1/6	4/14-11.	
				- \	1/ *	· \	
				- /	;;;()] [
				. 1	1817	())	
				. }	γ/	V II/	
				6	AL)	<u>a</u>	
- 11.0							
1/ Weeleeenegspor			-1-1-	-	PANECALE	-11 	
THERWIST/CHEUEHTULS		÷				19	

AA 1719

1513 ⁷⁹

CUSTOM PHYSICAL THERAPY

Wark Bruesewitz, P.T.

734 S. Weadows Pkwy. Ste. 101 Reno, NV 89521 TEL: (776) 853-9966

OUR FAX#: (775) 853-9969

Date: October 01, 2015 To: Specialty Health

Fax#: 324-9893

From: Custom Physical Therapy (South)

Pages (including cover sheet): 5

Re: Additional authorization

Patient: Kimberly Kline Date of Birth: 10/07/1979 Ins. I.D:#=15853E839641

15853 = 818001 Doi w/315 for lumbor

Comments:

** We are requesting authorization for (10) additional Physical Therapy treatments for this patient per the attached Updated Plan of Care –

(2 x a week for 5 weeks). All physician referrals, progress notes, and reports are attached for your review. Please feel free to call or fax us with any questions/authorizations.

RECEIVED OCT 01 2015

-CMSI - RENO

The Information contained in this faceimile message is privileged and confidential, only for the review and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are herby notified that any disclosure, dissemination, distribution or copying of the information contained herein is strictly prohibited. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY (775-853-9966) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE.



October 1, 2015

Kimberly Kline 305 Puma Dr. Washoe Valley, NV 89704

Re:

Claim No.:

15853E839641

D.O.I.:

06/25/2015

Employer:

City of Reno

Dear Ms. Kline:

We are in receipt of further medical reporting from your physician that indicates you require additional medical treatment for your industrial injury. This letter serves to rescind the previously issued closure notice. Your claim will remain open until such time as your physician discharges you from care.

If you disagree with this determination, you have the right to request a hearing by completing the bottom portion of the enclosed Request for Hearing form, and sending it to the State of Nevada, Department of Administration, Hearings Division, Carson City address, within seventy (70) days from the date of this letter.

If you have questions or wish to discuss this case further, please contact me at the number noted below at extension 1013.

Sincerely,

Yeşehla Martinez

Medical Only Claims Representative

CCMSI - Reno, Nevada

cc: File

City of Reno Specialty Health

No. 1995 F. 4/10 14223

10-05-15 01:31pm

TREATMENT ENCOUNTER NOTE

Pat	ient information				· · · · · · · · · · · · · · · · · · ·	
Acco	ount #: _0028102075					
		Go - Pay:	OR	Co	- Insurance;	
Mami	e; Kilne, Kimberiy	lajury #: <u>001</u>	, Dx:	8472	Sprains and sirains of lu	mba
Payor	r Code: _A0028 Payor	Name: CCMSI		Cin	encial Class: WCOMP	
Appoi	intment Detail					
niseini	line; PT	11.00			e/	5
	IRIC, TI	-Tx-Time In:				
		Tx Time Out: 12-130	To	ini Time D	ased Time:	
Date:	10 / 05 /15	# Visits Print To Today 12				
RT Gode	Description	# Visits Prior To Today: 12 of		al Treatme		
A001	PT EVAI	F0t0 Vasopnoumatk	etinu salvad a	RT Code		NUHE
A003	PT Ro Eval OT Eval	G001 Uttrazound		F00B	Galt Training Traction Machanicas	
A004	OT Re Evat	B001 Manual Therapy	2	H003	Guntom WHFO Static	
Fáas	RP/CP	C001 Theraputic Acth		HD08	Cuptom WHO Static	
FOOH	Estim Unsttend	C003 Therepeutic Exc		H005 H018	Custom WKFO Dynamic	
	Sull Caralliame Management			1016	Gustom HFO Static	
	Treatment Codes:					
SOAP: F.	My neck is a	lottle before	- With s	711	heart on	•
	(12) 212(B				Tryrer On	•
•		a little trala	+ 1000	y	ohne	
	pain where	& bending formers	/ *\s	The	3	
	I have trouble	. petting up from			Shiras .	
	SVTB 2	- 1 1 1 SE WIND		fles.	·	
816	les treatment le	The second secon	-5-10 m	en	2° to 600 por	١
	to be	/			101	
~		Fax = to the	<u> </u>	c + 0	intellerin at 30	đ
A. 6	Reversed Mahmers	in (R) ds 11:	م المالاداء	7.		
	Paht - 64-5-5,		10-11-0			
Pi /	umitor response	Visit in the second				
	V					
						
				_		
				(ze)	\odot	
				4	هاهم	
				[:从:]]	(1010)	
			/.	K-71	1-2-1-1	
				YN	Man	
-				118	B, 40 / / 10 / 10 / 10 / 10 / 10 / 10 / 10	
	•			100) } {	
			\	W/	ביי וייים לייים לייים	2 trans.
) / {	は は は に に に に に に に に に に に に に	/ED
	110			البيانين	No for	•
/	Beleveleer	PT	* - (-	ENTICUE		015 =
THERAPIST / CREDI	EHRALS	<u>u</u> ,				
ricereno	0773				アーバンソー	RENO AA 1722
		807				MA TIZZ
		1				

TREATMENT ENCOUNTER NO.TE

Patien	l:Information			- I			······································		
Account	#: <u>0026102075</u>		Ço - Pay	:			- iu	: Inquesas.	
Name: _	Kline, Kimbeily		lajury #;		·	OR Dá:-	0.170	Insurançe: Spiains and ekain	s of lumba
Payor Co	ide: _A0028	Payor Name: _	CCMSi					ncipi Class: _WCOM	
Appoint	nent Detail				•			iel c	2/5
Disciplina	: PT	Tx Time	: In: 9	Ó7)					
			out; I): QQ		To	tal Time Ba	ısed Time; <u>(80</u>	
	/ 07 /15.			oday: 12 of 2	4		al Titealine	7.5	
ADD1 P		Unite	RT Con	e Description			RT-Code		units
)	TEval TReferal		F010	Vasopneumatic D	avico		C005	Galt Training	Vijits
	T EVAL		6001.	Uliragound			£008,	Traction Machanic	el
	T Re Eval		B001	Manual Therapy		2	H003	Cualom WHFO Sta	lici
F003 HF	7/CP		C001	Theraputic Acavitl	OR		H006 [.]	Custom Witto-Stati	e' .
	litti ilnationd		C003	Houromunnilar Re			H005.	Cuitiöin,WHFO Dyn	åmle
0001 Se	lf CarelHome Managem	tent.	5000	The dageulla Exerci	34.	.2-	1018·	Cuatom HFO។ដែល	
	eatment Codés:	1110000111							
SOAP: S	12								1000
OUMP.	7	201 -	<u> </u>	& bad	100	la.	, :	875A 5	2 127
	10 th 12as.	<u></u>	·LB.	Sovie Irk	106	.7.	50	a him	7
	Moviement			72.77			1 27.3	- BYDE OFFICE	200
• —									
	9 29								
121 /	er Wegnes	Time loc							
A.	Hypon hit.	110	<u> </u>						
		.c.4~.5.	: <i>?]</i>	-31 ···					
<u> </u>		Row t-	spi (10) uit.			•		
<i>P</i> .5 5	m/m 50	Car	y chi	b1 / 5tm	متر مد	r.P			
للشمش			<u> </u>	77 / 7 / 1	7	Me	<u>^'^;</u> _		
									<u></u>
									_
		-							
<u>. </u>								·	_
		·							
							(m)		
) <u>=</u> {	5.7	*
						-: (1	18 PM	
<u> </u>						- 1	【从】	11777	
						· 7.	2-31	(1)	
						- [7	\mathcal{N}	· //:"N	
•						.40	1 / 6		À
						/	\	′ "\{{/`"	,
);{};{) } {	
						. 1	18//	() /	
							}γ/	} (){	
					_	4	المالية	(dt)	
אנו !	1				t -			PECETA	P900 m
באאלאו או	20.0000ÖE2	ex-10.7		3 -	 	_;	WHICEUS		' []
THERAPIST / CRECE!ITV	ACB	(J <u>~</u> (J)			•			14.	
•	シートラ	y						OCT 12 20	116
LIGENSE HO.	U 1.13							- · · · · · ['IJ

AA 1723

CCMSI - RENO

A0221 10-12-15 04:00pm

TREATMENT ENCOUNTER NOTE

Pat	ient Information							
Acco	ouni #: _0028102076		Co - Pa	/:			<u> </u>	
Nam	e; Klins, Klmberly		injury #:		Q.	0470	- insurance;;eonerueni - Sprains and sirains of it	
Payo	r Čode: _A0028 Psyar i	vamo:	Cohisi		Dx	•		
Арро	intment Defail						ancial Class: WGOMP	
Discipl	line: PT	Tx Tim	o in:	i.np				
			oui: 2:1		T	olal T <i>i</i> ma Re	ased Time: 60	
·	10 / 12 / 15	Visits .	Prior To To	xday: 12 of 24		lel Trantme		
	Incacubilion	Unite	Rrcoa	Description				
A001	PT Eval	1	F010	Avaciation Danie	unite	RT Code	Dancription	Unns
A002	PT Ho Eval	7	G001	Miceconing	<u></u>	COOL	Galt Taxining	
A003 .	OTEVAL	1	B001	INTO A COUNTY		FQ08	Traction Muchanical	7
2004	OT Ro Eval	<u> </u>	G001	Manual Thoropy	11	HD02	Guatom WHFO Statle	
F003	KPICP			Theraputle Activities		ff005	Cuaton WHO Static	
F004	Estim Unationa		C063	Houromuncular Ro-Ed		HOOF	Cuttom WHFO Dynamic	
10001	Sch Guralliome Menegement		C003	Thurspoulle Exercise	30	IIO1B	Custom KFD Statio	
	realment Codes:	<u></u>				$\neg\neg$		 -
- A	for thous hack Inch is ife for le lleg a thick to progra Engristerant Progress stars	tda Yo:	rog Ced tigue	pard. strongilarnon Aust no clo	9 40	- p+	did used	v
							RECEIVED)
							OCT 20 2015	
					 .	C(CMSI-REI	AC.
	lung Curuden P	Τ,Δ,		*-[The state of the s		

12837 10-14-16 11:04am

TREATMENT ENCOUNTER NOTE

Pa	lient Information						
Acc	ouni #: _0028102075	Co -	Pay:			- Prostanta	
Nen	ne; Kline, Klmbariy		y #: _001	•-	0.470	o - insuranco: Sprains and alrains of iu	
Payo	or Code: _A0028 Pay	, /or Name: <u>CCM</u>		p	'^• <u></u>		
Appo	intment Detail					iencial Class: WCOMP	
		*****				······································	
Dala:	10 / 14 /15		6-(D	of <u>24</u>		Based Time: 78	
A001	e Description PT Eval		Godo Dozenipii	en lunt	IS RI Code		VANTS
A002	PT Ro Evni	FOI		UTUITIC Dovice	COOS	Gall Yraining	- Williams
A003	OTEVAL	G00			F008	Traction Machanical	
A004	OT Ro Eval	B00:		brapy	H003	Guatom WHFO Stalic	1.
F003	НРІСР	C00:	Thursport	Activinos	Hobs	Cuxtom WHO Static	
F004	Estim Unottered	CDO	17.1 - 2 - 2 - 11.11	cwar Ro-Ed	K005	Custom WHFO Dynamic	
D001	Salf Careltomo Management	C003	Таогорош	ic Exercise 1	H018	Cualcum HFO Stalic	
D D	Lex tratment formation formation rewhome ex in Pt's Alds or the ex	- log	ure stab	her	sci	nech exs	
(<u>.</u>	Got i con	. stocks		50m/s	7 moles	RECEIV	/ED 1015
.///	10.					CCMSI-F	
IV	Berneger			8	Witer	10	A

7. 'J 1977 'ON

MUCAIC CIAT ICLAS

AA 1725

1519 85

No. 2919 P. W/10

10-21-15 01:00pm

TREATMENT ENCOUNTER NOTE

P	atient Information							
Ad	count #: _0026102075		Co - Pay		OR	Go.	-Insurance:	
Na	ime; Kline, Klimberly		Injury #:	001		000 0	XXISprain of ligaments of lui	mba
Con		I-	•		Dx:		3	1101
	yor Code: A0028 Payor N	ame: _	GCMSI		_	_ Fina	inclai Class: WOOMP	
· Apr	pointment Delail							
Disc	clpline: - PT	<u>מוד א</u> ד		05			Marie de la constant	
				- 40				4.1
	٦	x Time	Out:	20	Ti	olai Time Ba	ased Time: Les	
Single-		visits V	Prior To To	of 8	To	ital Treatme	nt Time: 65	
	rde Description PT Eval	Unite		o Danaription	unite	RT Code	Dancription	Units
A001	PT Ro Eval	 	F010	Vasopneumatic Device	<u> </u>	C005	Galt Training	
A003	Of Eval	├─	G004	Ultrenound	<u> </u>	FOOR	Traction Klachanical	
A004	OT Re Eval	├	B001	Manual Thoraby		I(ODZ	Cuetom WHFO Static	
F003	HPICP	 	C001	Thoraputic Activition		HDOS	Cuatom WKO Static	┵
FOOT	Esilm Unstrend	_	C003	Houromuseular Ro-Ed	1	H005	Custom WHFO Dynamic	-
D001	Self Core/Home Management		12003	Thorapeutic Exorcise	3	HOTE	Cuatom HFO Static	
				<u> </u>			<u>!</u>	
	al Treatment Codes:							_
SOAP:	51 Continued impr	ner	ment	in rect any	以人	16 104	ا ا	7.0
	weck tightner		and	1		7	1. 1	1
-				, , , , , , , , , , , , , , , , , , , ,	94		ath impour	ex.
_	Vt can trun	لبد		ad during	24	11-5 G	minional	
	to no bain.		NEC	L. com - Plane	1X N	0 4	c it she do	ø p
-			_		,***Y'			20
	you mach.		B 4	doing bett	D-C.	<u>}</u>	out 5724	
	has a 'a	cate	<u>ل</u> ا	st. 300 -2	Wit	1 -1	benetimen och	
	flexion acti				,		A WAY OL	
				5th 400	<u> </u>	<u> </u>	fain when	
	try of fairing	on	lan	to /shows			·	
B	1. Per tora ment la	r.	,					
	NACI				-	~		
	Me Goral - sel		LPUR		-,			
	/ Vect Priles	ح ن	le "4	1300	k.	Balas	1:32%	
·				<i>N</i> VV	<u>, </u>	· 2) U - 2	<u> </u>	
A	y Grosel. I ch	d		(20M_				
مثه	13 da 11	UB	70	= -	./	/	/	
	Sing Mild	45	fla.	n c 120 aa,	<u> </u>	4500	ling activity	9
	! Continue I mas		./. 0	1 1.		\bigcirc		
			4150	7-70		(F)	₹⁻}	
	Finalize a	nd	1500	West HEP			, dia	
-			· · · · · ·			$[[\cdot 8 \cdot i]]$] (₁ V ₁ V ₂)	
•					— ,			
-					[NA	1 1709	
					1	(Y)	19 111-4-119	
				 -	<i>"W</i>	$\Lambda + I$	W W W	
					_	10/0/	\ \ \ \ \ \	
						(191)	[9]	
					~~	\W/	\//	
						JXL). XX	
				B C	F	11/12) 🐷	
	NAD		o.	171-7	<u> </u>	A R Series	 	
,	WW50RRDORDONE	r][1		, 4 4	2015	£ 10 "	
THERUPIOT?	CREUEHTWIS	- 4/	.▼	MOA	13	CUID		
ilherne rt-	タッツマ.				. 44	pro gent B	uni	
ucekse no.				COMO	T.	. K/H/	VU)	

No. 2812 P. 12837

10-26-15 05:03pm

TREATMENT ENCOUNTER NOTE

Pa	tient Information	****						
Acc	ount#; _0026102075		Co - Pay		OF	Co	- Insurance:	-
Nan	ne: Kline, Kimberly	_	injury ti:	001	Dx:	022 2	XX9prain of ligaments of lu	nbe
Pay	or Code: A0028 Payo	r Nome: _					ancial Class: WCOMP	
Арро	oiniment Detail		· · · · · · · · · · · · · · · · · · ·			-	als	
Discl	pline:-PT		a lin: 3	200	9 6.		<u> </u>	<u> </u>
			ا <u>ن .</u> ع Oul: <u>3</u>	·	т.	olsi Time B	ased Time: 50	•
Dale;	10 / 26 /16	# Vislis	T oT roh	oday; <u>5</u> of 8		ital Trestme	-n	
RT Coc	lo Ocacription	Junit	RT COC	io Dascription		RT Code		- In
A001	PT Eya!		F010	Vosopneamalle Device	:	C:005	Galt Training	ザ
A002	PT Ro Eval		G001	Unimagund		FOOB	Troction Machanical	†
A903	OTEVAL		8001	Manual Thoropy	1	11003	Cuntom WHFO Static	T
ADD4	OT Re Eval		C001	Theraputic Activities		HOOF.	Custom WHO Statle	T.
F003	НРДР		C002	Rouromuncular Ro-Ed	<u> </u>	H005	Custom WHFO Dynamic	T
DOOL	Estim Unattond Salf Carolloma Management		CDOX	Thurspaulic Exercise	<u> 5</u>	H018	Custom HFO Static	I
Additiona	l Treatment Codes:		<u> </u>		<u> </u>			
SOAP: 5	! I have been	very	570	call mee	Ein	El.		•
	Pt-saw on 0 -	- /	45 /-	week and	6	er s	rleased	•
	from his car			unes one			(New Feb	-
	Pr. 1 1 - 0	5		2 1	7	1 11	1.	
	185toted The	new	<u>- 5c</u>	feeling muc	<u>:h</u> _	basto	Er.	
_	Pires dama	Lom	<u>(</u>	swlo powell	14.	C.		
	The LB 15 do		- C . L	,			- // x	
-			7-2-7-Y	w - 3%		OCC	Tegletness	
****	in UB =	7	Mera!	of builing	Q	chute	es (Sionilar	
	To botore	fly	_ ac	bedents),				
	It redu to	be	desa	barred to	150	P		
ni k	er Waterens 6	A-18		Total Comment				
بخت	/ / / /	7	414-		1	41 4	***	
	FORVER PO	nry	443 -	- reviewe	0 0	rk e	xs who	
	stretches -	- C-0	37746	ed ex tec	416	gul .	as needed	
	Added a few	e74	_	sec at hav	rde	07		
	Extest objects		nden		16		odonted fue	
-		- 4		12 41 17	V VI	x	panted fue	
•	dated \$3	1/20	155			_		
						(Ain)	(~)	
fr f	of met her or	طبهدار	904	ls.		حججم	رهاهم ا	
Di	Pt diese	2 1		1950		11-11-1) ('\(\dagga\)	
	1 rage -	5-CO	100	, 6100		ハバイ	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
					/			
				DECENIFI	16	H + H		
				MAN BOOK A BOOK		A + I	4 4 4	
				NOV 0 6 2015		1:13:1	181	
-	•			MILLA O O SOLV		1111/	() /	
	······································		-		B-07)) !(
				CMSI - KE	134	لاساليه	CC	
1.	.0		6.11	r-l-	-11-			
illi	Beareleeveenelf	7		0	• '	PARTAG	મદ 10	
THERAPIST /		-	-					
	<i>₫</i> λ~~							



Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 10/28/2015 2:15PM

Sex: F

Chart: KLK1000001

Chief-Complaint:-CERVICAL-CLAIM-

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 36 female who presents for : CERVICAL CLAIM .

Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. She has completed treatment

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	вімі	Blood Pressure
67.00 in	155.00 lbs	24.30	120/68
Pulse	Respiratory Rate	Oxygen Saturation	Smoking Status
87 bpm	14 rpm	97.00 %	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam -normal inspection, nontender to palpation, full motion with grossly normal strength

Assessment:

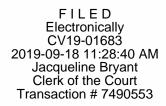
Туре	Codè	Description
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, Initial encounter

AA 1728

[Page 1]

E-signed by Dr. Scott Hall, MD on 10/28/2015 3:14PM

88





Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 10/28/2015 2:15PM

Sex: F

Chart: KLK1000001

Plan:_

Work status: Full duty, MMI

Туре	.Code	Modifiers	Quantity	Description
CPT	99212		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 10/28/2015 02:15PM

BODY PART: CERVICAL CLAIM EMPLOYER: CITY OF RENO

Date of injury:6-25-15

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES CONDITION RATABLE: NO

RETURN VISIT: MMI SIGNED: Scott Hall, MD



NO. 3135 15853E83641

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

Provider: Dr. Scott Hall, MD

DoB: 10/07/1979

Visit: 10/28/2015 2:15PM

Sex: F

Chart: KLK1000001

***RETURN-TO-WORK:_____

RETURN TO WORK FOR: KIMBERLY KLINE DATE OF APPOINTMENT: 10/28/2015 02:15PM

BODY PART: CERVICAL CLAIM EMPLOYER: CITY OF RENO

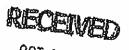
Date of Injury:6-25-15

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES CONDITION RATABLE: NO

RETURN VISIT: MMI SIGNED: Scott Hall, MD



CCMSI - RENO

90



To:

Kimberly Kline 305 Puma Dr.

Washoe Valley, NV 89704

RE: Claim No: 15853E839641

Employer: City of Reno Insurer: City of Reno

TPA: CCMSI

Date of Injury: 6/25/2015
Date of Notice: 11/6/2015

From: Yesenia Martinez, Medical Only Claims Representative

NOTICE OF INTENTION TO CLOSE CLAIM (Pursuant to NRS 616C.235)

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

Nevada Revised Statute (NRS) 616C,390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for sning unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

ou disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment ... supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

f your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom ortion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within eventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration Hearings Division 1050 E. William Street, Stc. 400 Carson City, NV 89710 (775) 687-5966

ile, City of Reno, SMRMC, Specialty Health

OR.

Department of Administration Hearings Division 2200 S Rancho Drive, Suite 210 Las Vegas, NV 89102 (702) 486-2525

on for appeal:			
		· · · · · · · · · · · · · · · · · · ·	
			
re a copy of this notice for your records.	Date		

.....

D-31 (rev. 10/10)



berly Kline Puma Dr washoe Valley, NV 89704

	Patient	Ratient intornation 179019 - Kline, Kimberly - CDVL
	Date of Birth	10/7/1979
	Patient Gender	Female
E COMPANIES	ij Social Security	2795
	Marital Status	Divorced
	Occupation	
	iliness	1/9/2016
	Employed Status	Employed
	Employer	

Vednesday, April 27, 2016

larrative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

/ednesday, January 13, 2016 3:19 PM

ubjective

<u>ief Complaint</u>

Neck pain. (Pain Scale 10 of 10.)

ry of Present Illness

ihe patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

liming: Onset of symptoms: abrupt.

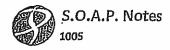
Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and houlder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree f certainty that 'Ms. Kline's injuries are related to the rear-end collision she recently sustained.

lodifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very tle affect on symptoms.

rive.

ation

skeletal



:rrative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

ednesday, January 13, 2016 3:19 PM

- Grip Strength. Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar-spine-articular-fixation-bilaterally (moderate-severity), and SI joint articular fixation bilaterally(moderate . . . severity). Hypertonic musculature is moderate to severe in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is moderate to severe in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
- Range of Motion. Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.
- Cervical Orthopedic Tests. Maximum cervical compression tell to cervical nerve root compression is positive with radiating pain on the left. Cervical distraction maneuver alleviating neck pain or causing pain irritations positive with pain relief.
- Lumbar Orthopedic Tests. Straight leg raise (positive need ກິດt impືໃນ neື້ມາດlogic dysfunction must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. Falersztajn's well leg raising test forlumbar intervertebral disc herniation or dural sleeve adhesions is negative. Braggard's test for sciatic pain elidation is negative.

leurological

- Sensation. Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally.
- Reflexes. Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally. The pathological reflexes are noted; Babinski's sign; normal and negative. Hoffmann's sign; negative and normal. Ankle clonus: negative and normal.

: Codes

• M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

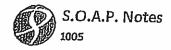
nosis

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 30lbs with a 20 to 25 degree angle.

lectrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.



rative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

Assessment

The patient's response to conservative care - is marginal.

Diagnostic Impressions

• Impression - Examination indicates manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C67 causing severe left arm and forearm pain with numbness in the forearm and first two digits. The MRI done at NOC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NS at each level and is consistent with a rear-end motor vehicle collision. We will attempt non-surgical spinal decompression at said areas of injury as well as refer her for pain management as she is tearful and cannot seem to find a confortable position. Should NSSD not prove to eliminate her pain and resolve the numbness, we will refer to a neurosurgeon for a consultation and treatment.

Rationale For Care / Treatment Objectives

 Rationale for treatment and treatment objectives - The cervical short term goals are to decrease level of acute pain, decrease the inflammation, improve activities of daily living, and improve overall function of the affected areas.

Schedule of Care

Schedule of care - As outlined in previous report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Trealing Provider

Jerilyn Cox Finalizing User

rrative Encounter - Decompression

Kline, Kimberly

ırsday, January 14, 2016 11:06 AM

bjective

ef Complaint

Neck pain. (Pain Scale 10 of 10.)

ory of Present Illness

01/18/2016 Mon 14:09

Reno Diagnostic Center 333-2761

Reno Diagnostic CenterID: #1119839 Page 1 of 1

RDC SIERRA ROSE 625 Sierra Rose Drive Reno, NV 89511 Phone: (775) 323-5083 Fax: (775) 333-2776

15853E839641



Exam requested by: Bryan Hansen DC 10635 Professional Circle Ste B Reno NV 89521

MR-Spine Cervical without contrast [16265] - SPINE C

Patient: Kline, Kimberly Date of Birth: 10-07-1979 Phone: (775) 815-5790 MRN: 407766 Acc: 5111686 Date of Exam: 01-13-2016

CLINICAL INDICATION: Motor vehicle collision May 2015. Patient complains of neck pain which has since subsided. Neck pain started again 2 weeks ago with left arm pain, numbness and weakness down to the fingers.

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the cervical spine utilizing the Siemens Espree Wide Bore 1.5 T MRI.

COMPARISON: None.

findings:

There is straightening of the normal dervical lordosis. There is no malalignment. The vertebral body heights are maintained with degenerative changes at the C5-C6 and C6-C7 levels. The bone marrow signal intensity is preserved. The spinal cord appears normal in caliber and signal intensity. There is no Chiari 1 malformation. The dervical spine is otherwise unremarkable through the C3-C4 level.

C4-C5: There is a shallow disc osteophyte complex indenting upon the thecal sac causing mild canal stenosis (axial series 5 image 13). There is mild right-sided neural foraminal narrowing. There is no significant left-sided neural foraminal narrowing.

C5-C6: There is a large disc protrusion in the left paracentral to subarticular zones causing moderate to severe canal stenosis and left lateral recess stenosis (axial series 5 image 19). There is no significant neural foraminal narrowing bilaterally.

C6-C7: There is a disc protrusion exiting from the central to left subarticular zones (axial series 5 Images 23 and 24) indenting upon the cord resulting in effacement of CSF from the ventral and dorsal aspects of the cord causing severe canal stenosis without cord compression. There is bilateral uncovertebral arthropathy causing mild bilateral neural foraminal narrowing.

C7-T1: Unremarkable.

IMPRESSION:

Disc degeneration with large disc protrusions at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without-cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

Thank you for referring your patient to RDC SIERRA ROSE Electronically Signed by Swanger, Ronald MD 01-13-2016 8:50 PM

Washoe

RECEIVED

JAN 18 2016

CCMSI - RENO

The information contained in this faceimite message is privileged and contributed information intended only for the use of the individual or entity named as recipion, if the reader is not the intended recipient, be faceby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us huneralistely by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you



rative Encounter - Decompression

irsday, January 14, 2016 11:06 AM

Kline, Kimberly

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

-Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very tile affect on symptoms.

jective

mination

culoskeletal

Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).

Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

des

ient

1/50.20 - Other cervical disc displacement, unspecified cervical region

sment and Plan

i Modalities

old pack applied to: the muscles of the posterior neck.

n-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs th a 20 to 25 degree angle.

ical stimulation applied to: the muscles of the posterior neck.

itCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

nt Plans/Rationale

Leading EdgeChiropractic, Ltd.

rative Encounter - Decompression rsday, January 14, 2016 11:06 AM

Kline, Kimberly

Assessment

• The patient's response to conservative care - is marginal.

Diagnostic Impressions

• Impression - Patient continues treatment for manifestations of a disc injury between the interverteboldisc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

• Schedule of care - As outlined in previous report.

<u>Referrals</u>

 Referred to Zollinger DO, Jeffery (012267) for evaluation, treatment, patient is in a significant amount of pain with numbness in the left UE. She has an MRI on file at RDC which reveals two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. If you can get this patient in immediately, I would greatly appreciate it. Meds and or an epidural for pain per your expertise would be terrific.

Thank you,

ed Documents

rratives, Reports, and Letters

• Patient Referrals - New Full Page was printed by Hansen, Bryan C..

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox Finalizing User

tive Encounter - Decompression

Kline, Kimberly

, January 15, 2016 2:16 PM

ective

Complaint

veck pain. (Pain Scale 9 of 10.)

y of Present Illness



irrative Encounter - Decompression

Kline, Kimberly

iday, January 15, 2016 2:16 PM

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for meck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

bjective

Examination //usculoskeletal

Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular
fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower
lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate
severity).

 Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

: Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

<u>atment</u>

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.

actrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Leading EdgeChiropractic, Ltd.

rative Encounter - Decompression

Kline, Kimberly

lay, January 15, 2016 2:16 PM

Prognosis

· Prognosis - remains guarded.

Diagnostic Impressions

Impression - Patient continues treatment for manifestations of a disc injury between the intervertebaldisc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI donest RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

• Schedule of care - As outlined in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox Finalizing User

ve Encounter - Decompression

Kline, Kimberly

iday, January 18, 2016 10:16 AM

ıbjective

ief Complaint

Neck pain. (Pain Scale 8 of 10.)

tory of Present Illness



rrative Encounter - Decompression

Kline, Kimberly

1onday, January 18, 2016 10:16 AM

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ective

xamination

√lusculoskeletal

- · Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- · Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs 'th a 20 to 25 degree scoop. AA 1740

rectrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

100



ative Encounter - Decompression

nday, January 18, 2016 10:16 AM

Kline, Kimberly

- The patient's response to conservative care is marginal and Patient responded well to treatment today. Prognosis
 - Prognosis Remains good and continues to show improvement with treatment.

Diagnostic Impressions

Schedule of Care

· Schedule of care - As previously stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treoling Provider

Jerilyn Cox Finalizing User

ative Encounter - Decompression

Kline, Kimberly

sday, January 19, 2016 3:41 PM

bjective

<u>∍f Complaint</u>

Neck pain. (Pain Scale 8 of 10.)

ory of Present Illness



`arrative Encounter - Decompression

Kline, Kimberly

uesday, January 19, 2016 3:41 PM

· The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

,~,ective

usculoskeletal

- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

<u>atment</u>

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs
 with a 20 to 25 degree scoop.

actrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

.AA 1742

tment Plans/Rationale

1536 102



ative Encounter - Decompression

Kline, Kimberly

day, January 19, 2016 3:41 PM

• The patient's response to conservative care - is marginal.

Prognosis

· Prognosis - remains good.

Diagnostic Impressions

• Impression - Patient continues treatment for manifestations of a disc injury between the intervertebildisc space of C5; C6; and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

ichedule of Care

Schedule of care - Continue as outlined in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox Finalizing User

ative Encounter - Decompression

Kline, Kimberly

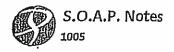
rednesday, January 20, 2016 10:24 AM

abjective

ief Complaint

Neck pain. (Pain Scale 7 of 10.)

tory of Present Illness



rrative Encounter - Decompression

Kline, Kimberly

ednesday, January 20, 2016 10:24 AM

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shower, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-35 with very little affect on symptoms.

vjective

<u>xamination</u>

⁄lusculoskeletal

- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular
 fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal mid lumbar
 spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally
 (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

: Codes

• · M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- relectrical stimulation applied to: the muscles of the posterior neck.
- __ghtCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

104

Leading EdgeChiropractic, Ltd.

rative Encounter - Decompression

Kline, Kimberly

'dnesday, January 20, 2016 10:24 AM

Prognosis

• Prognosis - remains good and continues to improve with treatment.

Diagnostic Impressions

• Impression - Patient continues treatment for manifestations of a disc injury between the intervertebaldisc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6ad C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

• Schedule of care - Continue as stated in initial report.

Discussion Subjects:

Patients reports numbness in her left bicep is gone but continues in her left forearm and thumb.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider



Jerilyn Cox
Finalizing User

Jarrative Encounter - Decompression

Kline, Kimberly

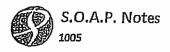
hursday, January 21, 2016 2:37 PM

ubjective

nief Complaint

Neck pain. (Pain Scale 6 of 10.)

story of Present Illness



irrative Encounter - Decompression

Kline, Kimberly

hursday, January 21, 2016 2:37 PM

· The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left showler, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

)pjective

<u>kamination</u>

usculoskeletal

- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular
 fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar
 spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally
 (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

essment and Plan

<u>tment</u>

ical Modalities

Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

- ectrical stimulation applied to: the muscles of the posterior neck.

-- shtCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

nent Plans/Rationale

Leading Edgethiropractic, Ltd.

ative Encounter - Decompression rsday, January 21, 2016 2:37 PM

Kline, Kimberly

Prognosis

Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

:hedule of Care

Schedule of care - Continue as stated in initial report.

scussion Subjects:

• Patients reports numbness in her left forearm has subsided, however there is some numbness in her left thumb.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox Finalizina User

ative Encounter - Decompression

lay, January 25, 2016 11:05 AM

Kline, Kimberly

iective

Complaint

Neck pain. (Pain Scale 6 of 10.)

y of Present Iliness



rative Encounter - Decompression

Kline, Kimberly

onday, January 25, 2016 11:05 AM

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shower, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment formuck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

bjective

<u>:xamination</u> /lusculoskeletal

- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular
 fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar
 spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally
 (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

• M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

ectrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

108

Leading EdgeChiropractic, Ltd.

ative Encounter - Decompression

Kline, Kimberly

'nday, January 25, 2016 11:05 AM

Prognosis

Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

Impression - Patient continues treatment for manifestations of a disc injury between the intervertebraldisc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

chedule of Care

• Schedule of care - Continue as stated in initial report.

ţ

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox Finalizing User

e Encounter - Decompression

Kline, Kimberly

day, January 26, 2016 11:16 AM

ijective

f Complaint

Neck pain. (Pain Scale 5 of 10.)

ory of Present Illness



rrative Encounter - Decompression

Kline, Kimberly

uesday, January 26, 2016 11:16 AM

· The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for meck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Djective

<u>kamination</u>

usculoskeletal

- Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular
 fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar
 spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally
 (moderate severity).
- Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

essment and Plan

tment

ical Modalities

Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

ctrical stimulation applied to: the muscles of the posterior neck.

EndntCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

nent Plans/Rationale